

OPINION OF TITLE

TO: **CITY OF AVENTURA, FLORIDA**

With the understanding that this opinion of title is furnished to the City of Aventura, Florida, as an inducement for approval of (type of application) covering the real property hereinafter described, it is hereby certified that I have examined the complete Abstract of Title covering the period from the beginning to (Insert date) together with an Attorneys' Title Insurance Fund, Inc., ATIDS computer update from (Insert date) through (Insert date) at the hour of 11:00pm., inclusive, of the following described real property:

(INSERT LEGAL DESCRIPTION HERE OR ON EXHIBIT)

Basing my opinion on said complete abstract, and ATIDS update covering said period, I am of the opinion that on the last mentioned date the fee simple title to the above-described real property was vested in:

(INSERT NAME OF PROPERTY OWNER (S))

Subject to the following liens, encumbrances, and other exceptions:

GENERAL EXCEPTIONS:

1. All taxes for the year in which this opinion is rendered unless noted below that such taxes have been paid.
2. Rights of persons other than the above owners who are in possession
3. Facts that would be disclosed upon accurate survey
4. Any unrecorded labor, mechanic's or materialmen's liens
5. Zoning and other restrictions imposed by governmental authority

6. Any adverse ownership claim by the State of Florida by right of sovereignty to any portion of the lands insured hereunder, including submerged, filled and artificially exposed lands, and lands accreted to such lands.
7. Any lien provided by Chapter 159 of the Florida Statutes, or provided by Metropolitan Dade County Ordinance No. 84-10 in favor of any city, town, village or port authority for unpaid service charges for service by any water systems, sewer systems, or gas systems serving the land described herein.

SPECIAL EXCEPTIONS:

Therefore, it is my opinion that the following parties must join the execution of the agreement covering the real property herein described.

NAME	INTEREST	SPECIAL EXCEPTION NUMBER
(COMPLETE AS APPLICABLE)		

I, the undersigned, further certify that I am an attorney-at-law duly admitted to practice in the State of Florida, and a member in good standing of the Florida Bar.

Respectfully submitted this _____ day of _____.

BY: _____

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this _____ day of _____,
by _____ who is personally known to me.

Notary Public

Print Name

My Commission Expires: