

# TOTAL NOTICE, LLC

December 28, 2016

Kathleen Rogers  
Tax Collector  
Town of Allenstown  
16 School Street  
Allenstown, NH 03275

**RE: 2017 Contract for Services**

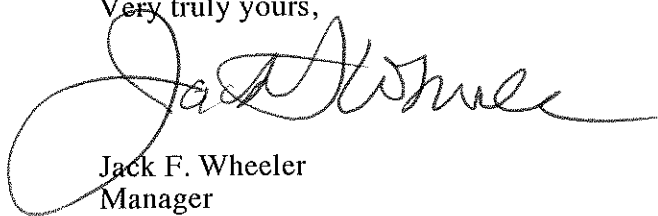
Dear Ms. Rogers:

In anticipation of your annual Tax Lien execution and Collector's Deed taking scheduled for 2017, I have enclosed two (2) copies of our proposed **Total Notice** registry research/mortgagee notification Agreement for 2017 services. The terms and pricing remain the same as last year. I have executed our portion of the Agreement. Please execute both copies, keep one copy for your records and return one copy in the enclosed envelope for our files.

**I have included a checklist with the Agreement again this year. Please complete the checklist by noting any changes and return it with your Agreement. I will use this information to update my client town records; add e-mail addresses, anticipate lien and deed dates, update phone numbers, office hours, etc. Be sure and indicate any changes to your service type selections on the bottom of the page.**

We look forward to working together again this year. Please do not hesitate to contact us if you have any questions or concerns.

Very truly yours,



Jack F. Wheeler  
Manager

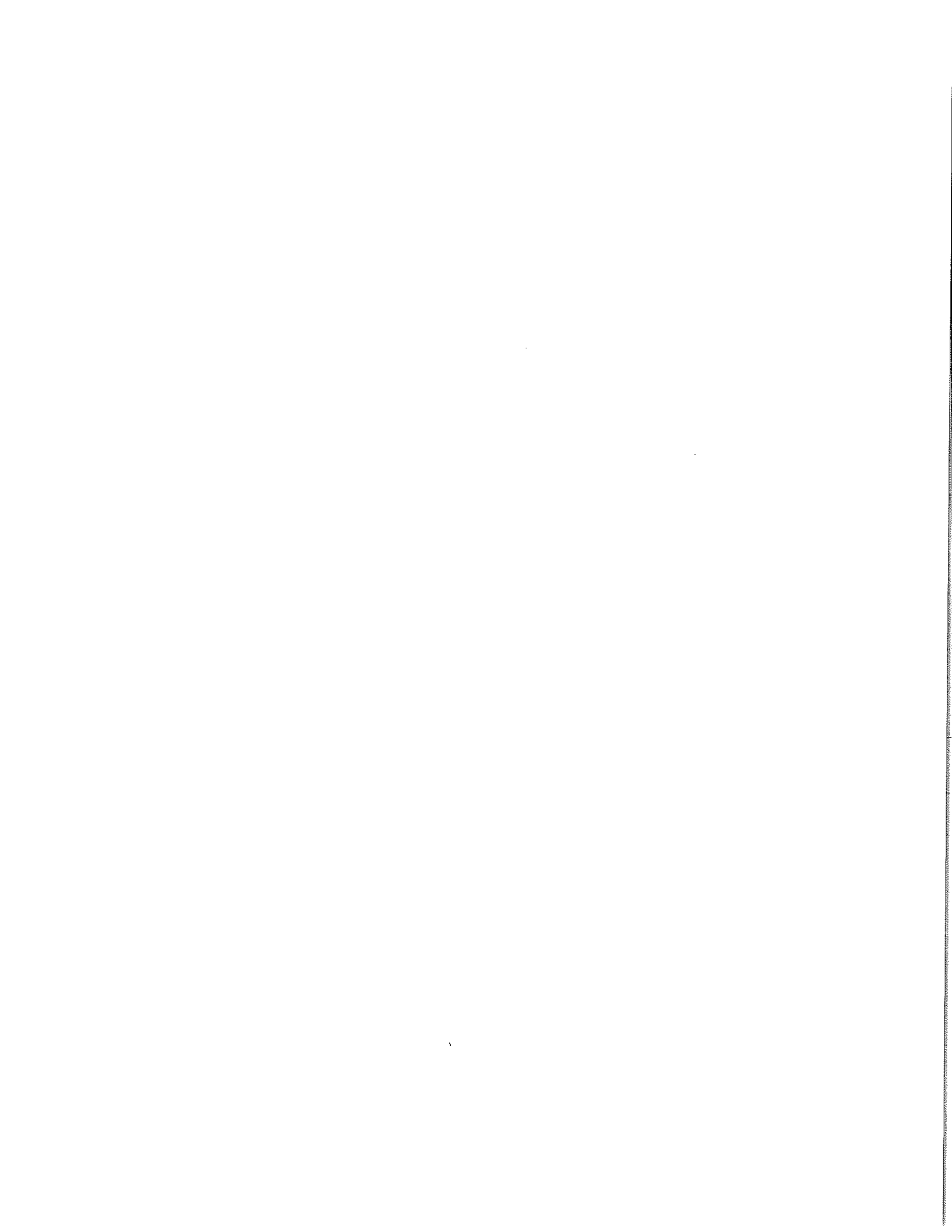
Encl.

16 Tainter Lane  
Temple, NH 03084  
phone: (603) 318-9616  
fax: (888) 724-5488

**TOTAL NOTICE, LLC**

email: [info@TotalNotice.com](mailto:info@TotalNotice.com)  
[www.TotalNotice.com](http://www.TotalNotice.com)

6 Spinnaker Circle  
Nantucket, MA 02554  
phone: (508) 325-6779  
fax: (888) 589-9480



## TAX COLLECTOR CHECKLIST

*Please review the following and make any necessary changes below the printed entries*

<b>TOWN</b>	ALLENSTOWN	<b>COUNTY</b>	MERRIMACK
<b>COLLECTOR</b>	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input checked="" type="checkbox"/> MS.	<b>FIRST NAME</b>	<b>M.I.</b> <b>LAST NAME</b> <b>JR/SR</b>
<b>FAMILIAR NAME</b>		Kathleen	Rogers
<b>MAILING ADDRESS</b>	Tax Collector		
<b>TOWN / CITY</b>	Town of Allenstown		
<b>STREET</b>	16 School Street		
<b>P.O. BOX</b>			
<b>TOWN</b>	Allenstown	<b>STATE</b>	NH
		<b>ZIP CODE</b>	03275
<b>SHIPPING ADDRESS (IF DIFFERENT)</b>			
<b>EMAIL ADDRESS(S)</b>	krogers@allenstownnh.gov		
<b>OFFICE TELEPHONE</b>	603-485-4276 ext 116	<b>OFFICE FAX</b>	603-485-8669
<b>HOME TELEPHONE (OPTIONAL)</b>		<b>HOME FAX (OPTIONAL)</b>	
<b>BUSINESS HOURS</b>	Monday (7:30 am - 6:15 pm), Tuesday - Thursday (7:30 am - 5:15 pm), Friday (CLOSED)		
<b>ADDITIONAL OFFICE CONTACTS</b>			
<b>PLANNED LIEN DATE</b>		<b>PLANNED DEEDING DATE</b>	
<b>ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS</b>	Tax Cards Online at: <a href="http://www.caigisonline.com/AllenstownNH/">http://www.caigisonline.com/AllenstownNH/</a>		
<b>TAX SOFTWARE VENDOR</b>	Avitar		

**SERVICES YOU WOULD LIKE TOTAL NOTICE TO PERFORM**

PLEASE CHECK ALL THAT APPLY

**REGISTRY SEARCH AND REPORTS ONLY**  
 **REGISTRY SEARCH AND PREPARE CERTIFIED NOTICES**  
 **MAIL CERTIFIED NOTICES FOR ME PLEASE**  
 **SEND CERTIFIED NOTICES BACK TO ME - I WILL MAIL THEM**  
 **OTHER - PLEASE EXPLAIN**



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Email: [info@TotalNotice.com](mailto:info@TotalNotice.com)  
[www.TotalNotice.com](http://www.TotalNotice.com)

## 2017 AGREEMENT FOR SERVICES

**THIS AGREEMENT** made this 28<sup>th</sup> day of December, 2016, by and between TOTAL NOTICE, LLC, a New Hampshire Limited Liability Company of 16 Tainter Lane, Temple, New Hampshire 03084 (hereinafter TOTAL NOTICE) and the TOWN OF ALLENSTOWN, a municipal corporation of the State of New Hampshire (hereinafter TOWN).

**WHEREAS**, under New Hampshire RSA 80:66 and 80:68, the TOWN has an obligation to notify all mortgagees and OAA lienholders affected by a tax lien placed on a parcel of property in its jurisdiction.

**WHEREAS**, under New Hampshire RSA 80:77-a the TOWN has an obligation to notify all mortgagees and OAA lienholders prior to executing a Collectors' Deed for unredeemed tax liens placed on a parcel of property in its jurisdiction.

**WHEREAS**, TOTAL NOTICE desires to assist the TOWN in meeting its statutory obligations to notify mortgagees and OAA lienholders of record for the levy of 2016 and/or unredeemed liens.

**WHEREFORE**, in consideration of the mutual promises herein made and other valuable consideration, the TOWN and TOTAL NOTICE do hereby agree as follows:

- 1) **LIEN EXECUTION DATA** shall be provided by TOWN to TOTAL NOTICE on the date of the execution, in the form of a duplicate copy of the Lien Execution or some other form consisting of a list which contains the name(s) of the owner(s), the parcel address, tax map and parcel number, the amount of the lien, and the date of the tax lien for each parcel.
- 2) **COLLECTOR'S DEED DATA** shall be provided by TOWN to TOTAL NOTICE not less than forty-five (45) days prior to the anticipated date for deed execution, in the form of a list which contains the name(s) of the owner(s), the parcel address, tax map and parcel number, the amount due, and the date of the tax lien which remains unredeemed for each parcel.
- 3) **REGISTRY RESEARCH** shall be undertaken by TOTAL NOTICE to determine the identity of all outstanding Mortgages, UCC Financing Statements, IRS liens, State of New Hampshire Revenue/Child Support Liens, Attachments, OAA/Disability liens, and Condominium/Homeowners Association liens of record beginning with the date the current owner acquired the parcel through the date of TOTAL NOTICE's receipt of such data. A summary of the research findings for each parcel searched shall be prepared by TOTAL NOTICE and supplied to the TOWN for its future reference.

(Continued)



AGREEMENT -- Continued

4) **TAX LIEN NOTICES** shall be prepared by TOTAL NOTICE, if requested by the TOWN, in compliance with the requirements of RSA 80:65-66, 80:68 and/or 80:77-a for any outstanding Mortgages, UCC Financing Statements, IRS liens, State of New Hampshire Revenue/Child Support Liens, Attachments, OAA/Disability liens, and Condominium/Homeowners Association liens of record as identified by the title research. In the event a mortgagee/lien holder is entitled to notification on more than one parcel, a consolidated notice listing all pertinent parcels shall be prepared for said mortgagee/lien holder. Duplicate copies of all mortgagee notices shall be prepared by TOTAL NOTICE and supplied to the TOWN for its future reference.

5) **DELIVERY TO TAX COLLECTOR** of the research summary reports and completed notices shall be made no later than forty (40) days from the date TOTAL NOTICE receives the information required in Paragraph 1 or fifteen (15) days from its receipt of the information required in Paragraph 2 if applicable. Completed notices for mailing shall be delivered in pre-addressed envelopes with certified mail labels completed and attached by TOTAL NOTICE. If requested by the TOWN, TOTAL NOTICE will mail the certified notices.

6) **PAYMENT** to TOTAL NOTICE for the registry research and notices to mortgagees/lien holders under Paragraphs 3 and 4 above shall be \$12.00 for each parcel searched. If TOTAL NOTICE mails certified notices under paragraph 5 above, United States Postal Service (USPS) certified mail charges will be added to the amount due. TOTAL NOTICE will submit its invoice for services rendered at the time delivery is made to the Tax Collector and TOWN agrees to pay said invoice within thirty (30) days of its receipt.

7) **LIABILITY INSURANCE** is maintained by TOTAL NOTICE and a copy of its binder of insurance is attached hereto.

Nothing in this agreement is intended to prohibit the TOWN from using other title examination resources if it deems the same to be advisable. The TOWN may terminate this agreement on 30 days written notice without cause.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

TOWN OF ALLENSTOWN

TOTAL NOTICE, LLC

\_\_\_\_\_  
Title:

  
\_\_\_\_\_  
JACK F. WHEELER, Manager





# Title Abstractor or Title Searcher Errors & Omissions Liability Insurance Policy

## DECLARATIONS

### Certain Underwriters at Lloyd's, London

Agreement No: B1180D160678

Certificate Number: AMX-0152202

Renewal of Certificate Number: AMX-0152201

THIS IS A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS **CLAIMS** FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** OR **EXTENDED REPORTING PERIOD**, IF APPLICABLE, AND REPORTED TO THE INSURER IN WRITING DURING THE **POLICY PERIOD**, BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE **EXTENDED REPORTING PERIOD**, IF APPLICABLE. **CLAIMS EXPENSES** ARE INCLUDED WITHIN, AND WILL REDUCE, THE LIMITS OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY, AND CONSULT WITH YOUR BROKER/AGENT OR OTHER PROFESSIONAL TO THE EXTENT YOU DO NOT UNDERSTAND ANY TERMS OR CONDITIONS OF THIS POLICY.

Item 1. **NAMED INSURED - NAME AND ADDRESS:**

TOTAL NOTICE LLC DBA LIBERTY TITLE SERVICES ; TOTAL NOTICE LLC DBA  
NANTUCKET PARALEGAL & TITLE SERVICES  
6 SPINNAKER CIRCLE  
NANTUCKET, MA 02554

**Description of Business:** E&O: Abstractor / Searcher

Item 2. **POLICY PERIOD:**

(A) Inception Date: 12/05/2016  
(B) Expiration Date: 12/05/2017  
at 12:01 a.m. both dates at the Address set forth in Item 1.

Item 3. **LIMITS OF LIABILITY (INCLUSIVE OF CLAIMS EXPENSES):**

Limits of Liability are:

(A) Each Claim: \$1,000,000  
(B) Maximum Policy Aggregate: \$1,000,000

Item 4. **DEDUCTIBLE (SUBJECT TO CLAIMS EXPENSES):**

(A) Each Claim: \$ 2,500

Item 5. **RETROACTIVE DATE:**

**Retroactive Date:** FULL PRIOR ACTS

Item 6. **RATES/PREMIUM:**

Premium: \$ 1,550.00  
Surplus Lines Tax: \$ 62.00  
Policy Fee: \$ 50.00

**Total Premium: \$1,662.00**

**Item 7. INSURANCE IS EFFECTIVE WITH CERTAIN UNDERWRITERS AT LLOYD'S, LONDON:**

<u>Syndicate</u>	<u>Percentage</u>	<u>Syndicate</u>	<u>Percentage</u>
2001	30.000%	609	6.087%
33	17.043%	2623	5.989%
1084	18.261%	623	1.315%
727	9.131%	1729	6.087%
*9972	6.087%		

\*9972 is a consortium which breaks down as follows:

<u>Syndicate</u>	<u>Percentage</u>	<u>Syndicate</u>	<u>Percentage</u>
1225	4.565%	4444	1.522%

**Item 8. ADDITIONAL PREMIUM FOR OPTIONAL EXTENDED REPORTING PERIOD:**

**OPTIONAL EXTENDED REPORTING PERIOD ("ERP")**

One (1) Year Option ERP:	100% of <b>Named Insured's</b> last Annual Premium
Two (2) Year Option ERP:	150% of <b>Named Insured's</b> last Annual Premium
Three (3) Year Option ERP:	200% of <b>Named Insured's</b> last Annual Premium
Four (4) Year Option ERP:	225% of <b>Named Insured's</b> last Annual Premium
Five (5) Year Option ERP:	250% of <b>Named Insured's</b> last Annual Premium

**Item 9. FORMS & ENDORSEMENTS:**

Forms and Endorsements made a part of this Policy at time of issue:  
NMA2868, AMX DEC 09/16, AMX END1 09/16, AMS POL 09/16, LSW1135B, NMA1998,  
NMA2918, NMA1331, NMA1256, LSW1001, NMA1477, LMA3100

**Item 10. SERVICE OF SUIT:**

Messrs, Mendes & Mount  
750 Seventh Ave  
New York, New York 10019-6829

**Item 11. NOTICE OF CLAIM:**

In the event of a **Claim**, notice should be sent to:

Lancer Claims Services  
681 South Parker, Suite 300  
Orange, CA, 92868  
Attention: Financial Services Professional Liability Department

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance, and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

This Declarations page, together with the **Application** for this Policy, the attached Policy form and all Endorsements thereto, shall constitute the contract between the Insurer and the **Insured**. The Policy is valid only if signed below by a duly authorized representative of the Insurer.

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

11/15/2016

Date

  
Authorized Representative

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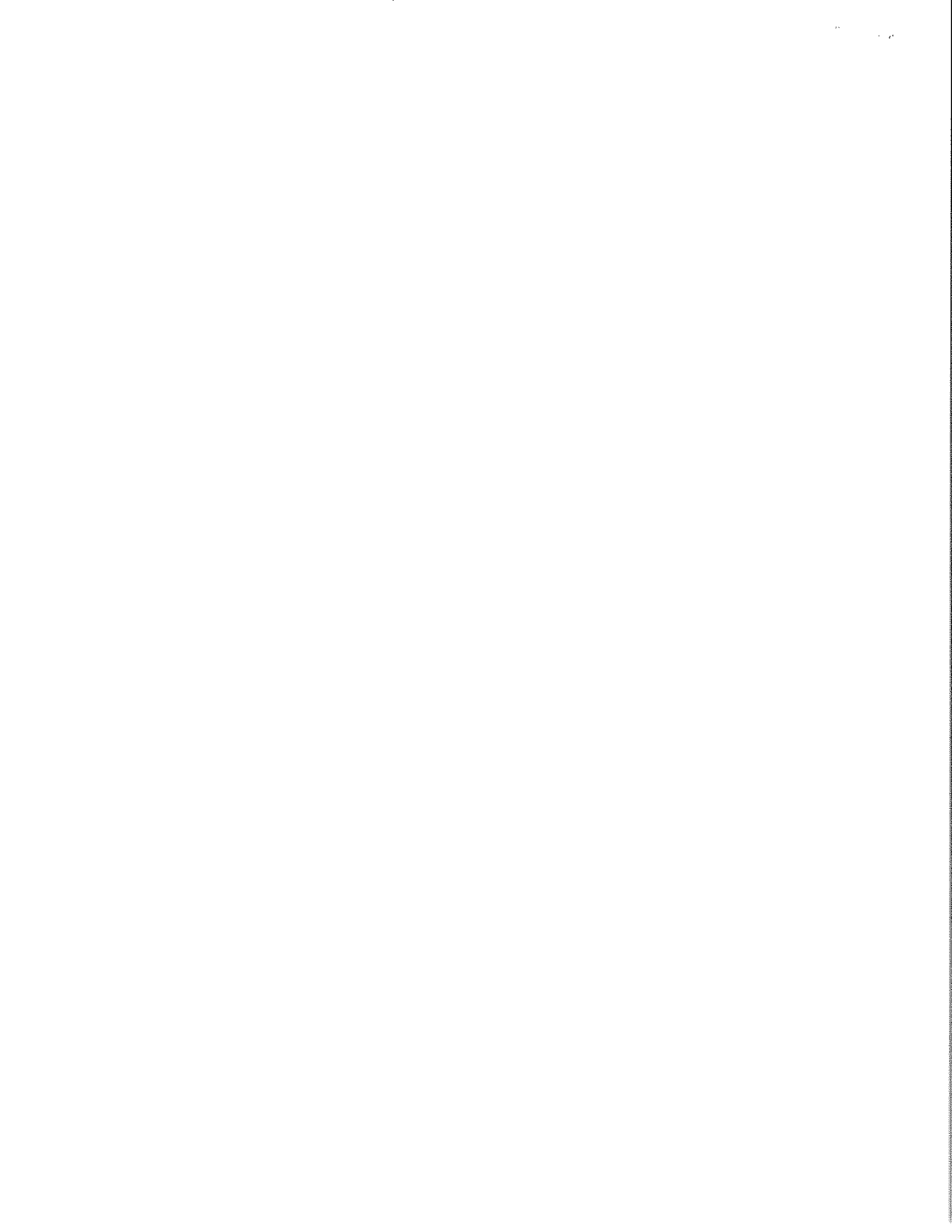
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Attention: Financial Services Professional Liability Department

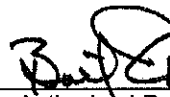
This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance, and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

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11/15/2016

Date



Authorized Representative