



**American Contractors  
Indemnity Company**  
A member of HCC Surety Group  
601 S. Figueroa St., Suite 1600  
Los Angeles, CA 90017

Bail Agency: \_\_\_\_\_  
Bond Number: \_\_\_\_\_  
Bond Amount: \_\_\_\_\_  
Defendant: \_\_\_\_\_

**ATTENTION**  
**DISCLOSURE OF LIEN AGAINST REAL PROPERTY.**  
**DONOT SIGN THIS DOCUMENT UNTIL YOU READ AND**  
**UNDERSTAND IT!**

**THIS BAIL BOND WILL BE SECURED BY REAL PROPERTY YOU OWN OR IN WHICH YOU HAVE AN INTEREST. THE FAILURE TO PAY THE BAIL BOND PREMIUMS WHEN DUE OR THE FAILURE OF THE DEFENDANT TO COMPLY WITH THE CONDITIONS OF BAIL COULD RESULT IN THE LOSS OF YOUR PROPERTY!**

After you have read the above Disclosure Statement and received a completed copy of the Bail Bond Agreement and the Deed of Trust, please execute this Disclosure Statement in the space provided below, acknowledging that you have read and understood this Disclosure Statement and that you have received a completed copy of the Bail Bond Agreement and Deed of Trust. You are also responsible for any fees incurred by the Surety, as specified in the Bail Bond Agreement you signed, and any lien against your property will not be released until such fees are paid. You will be asked to execute this document again, in the corresponding space provided below, upon delivery to you of a full reconveyance of title, which, upon recordation terminates the lien on your real property created by the Deed of Trust.

I HAVE READ AND UNDERSTOOD THE ABOVE DISCLOSURE STATEMENT AND HAVE RECEIVED A COMPLETED COPY OF THE BAIL BOND AGREEMENT AND DEED OF TRUST.

Print Name: \_\_\_\_\_  
Sign Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Sign Name: \_\_\_\_\_  
Date: \_\_\_\_\_

I HAVE RECEIVED A COPY OF A FULL RECONVEYANCE OF TITLE, THE ORIGINAL OF WHICH WAS FORWARDED TO THE COUNTY RECORDER FOR FILING, A CERTIFICATE OF DISCHARGE, OR A FULL RELEASE OF ANY LIEN AGAINST REAL PROPERTY TO SECURE PERFORMANCE OF THE CONDITIONS OF THE BAIL BOND.

Print Name: \_\_\_\_\_  
Sign Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Sign Name: \_\_\_\_\_  
Date: \_\_\_\_\_