



Bond to Indemnify

Texas Property Code 53.171, 53.172, & 53.174

Requirements

- Completed Bond to Indemnify Information Sheet
- Bond - A Power of Attorney must be attached to the Bond, signed and notarized. **The Bond MUST be notarized even if there is not a space for the notary acknowledgement.**
- Attached legal description
- Payment including Bond recording fees and Service fees

Recording Fees

Recording of the Original Bond in Real Property

- First page is \$15.00, each additional page is \$4.00

Recording of the Bond with Notice, Certification, & Proof of Mailing

- First page is \$15.00, each additional page is \$4.00
 - Count the pages of the bond and add three pages to it for the notice, certificate, & proof of mailing.

If you are sending the bond to multiple obligee/claimants, these will be recorded individually so please add the recording fees for each bond with notice we are to mail out certified as stated above

Service Fee

- \$25.00 for each Obligee/Claimant we need to serve with the bond

**DEANA PATTERSON
GRAYSON COUNTY CLERK**

Bond Information Sheet

Property Code 53.171 · 53.174

If a lien, other than a lien granted by the owner in a written contract, is fixed or is attempted to be fixed by a recorded instrument (under Chapter 53 of Property Code), any person may file a bond to indemnify {guard or secure against anticipated loss; give security against future damage or liability}

Notice is being sent from Obligor (Requestor):

Customer Name: _____

Address: _____

City, State Zip _____

Amount of Bond \$ _____	Amount of Claim \$ _____
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Principal Party Named on Bond: (Grantor)

Name: _____ Email: _____

Address: _____

City, State Zip _____ Phone #: _____

Surety Party Named on Bond: (Grantor)

Name: _____

**Notice should be mailed by certified mail to All Obligees/Claimants (Who do you want to be served?):
(Grantee)**

Name: _____

Address: _____

City, State Zip _____

Additional Obligees/Claimants Name and Address:

Name: _____

Address: _____

City, State Zip _____

Additional Obligees/Claimants Name and Address:

Name: _____

Address: _____

City, State Zip _____

For additional Claimants, provide a second Bond Information Sheet