CERTIFICATE OF SATISFACTION

Tax Map Reference No.:

Place of Record: CLERK'S OFFICE, COUNTY CIRCUIT COURT

Date of Deed of Trust:

Deed Book , Page

Face Amount Secured: $

Names of Grantors:

Names of Trustees:

Brief Description of Property:

Makers of Note:

Date of Note: ; Face Amount Secured: $

I/we, holders of the above mentioned note secured by the above mentioned Deed of Trust do hereby certify that the same has been paid in full and the lien therein created and retained is hereby released.

Given under my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 199\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noteholder

State of :

County/City of , to-wit:

Subscribed, sworn and acknowledged before me by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 19\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_