CERTIFICATE OF SATISFACTION (A)

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. Said note cannot be produced before the Clerk as set forth in the attached Affidavit.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 199\_\_.

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

Notary Public

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

State of :

County/City of , to-wit:

The undersigned Affiant, having been first duly sworn, states:

1. It was the noteholder, or lien creditor, under a certain Deed of Trust from to , Trustees, dated , 19 and recorded in the Clerk's Office of the Circuit Court of the County of , Virginia, in Deed Book at Page to secure the principal sum of $ ;

2. The debt thereby secured has been paid in full and the undersigned noteholder was authorized and entitled to receive the same, and that the said note evidencing the debt secured by said deed of trust has been lost or destroyed and cannot be produced.

3. The undersigned noteholder makes this Affidavit so that the Deed of Trust may be properly released.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 19\_\_.

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

Noteholder

Subscribed, sworn and acknowledged before me by \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 199\_.

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

Notary Public

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