Sun Surety

Insurance Company

AFFIDAVIT OF DISCHARGE

STATE OF ______________________________ AGENT ______________________________

COUNTY OF ______________________________

______________________________ OF ______________________________

Name of person examining records County State

being duly sworn, desposes and says, that on or about the .... day of ....

he examined the records of .... Court and found that the Bonds in the below matters have been discharged of records, by reason of the dispositions shown,

Power #	Case #	Name of Defendant	Date Posted	Exonerated	Amount	Court Disposition

Sworn to before me this ______________________________ day of ______________________________

______________________________ ______________________________

Notary Public Signature of Person examining records