MTAW Insurance Company

AFFIDAVIT OF DISCHARGE

STATE OF _____ AGENT NAME _____

COUNTY OF _____

_____ OF _____

(Name of person examining records) (County) (State)

being duly sworn, deposes and says, that on or about the _____ day of _____, 20_____ he/she 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 OF EXECUTION	DATE OF TERMINATION	AMOUNT OF BOND	REASON FOR DISCHARGE

SWORN TO BEFORE ME THE _____ DAY OF _____, 20_____

_____ _____

(NOTARY PUBLIC) (SIGNATUR OF PERSON EXAMING RECORDS)