

STATE OF _____
COUNTY OF _____

TRUSTEE'S SATISFACTION OF DEED OF TRUST
(G.S. 45-36.20; G.S. 45-37 (a) (7))

The undersigned is now the Trustee or Substitute Trustee under the terms of the Deed of Trust identified as follows:

Original Grantor(s):
(grantor /trustor) _____

Original Secured Party (ies):
(original beneficiary) _____

Recording Data:
The Deed of Trust is recorded in Book _____ at
Page _____ in the Office of the Register of Deeds for
_____ County, State of _____

This Satisfaction terminates the effectiveness of the Deed of Trust.

Date: _____

(Signature of Trustee or Substitute Trustee)

ACKNOWLEDGEMENT

State of _____ County of _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Name(s) of Trustee or Substitute Trustee (s) _____

Witness My Hand and Official Seal this _____ day of _____, 20_____.

Notary Public Signature _____

SEAL -STAMP

_____ My Commission Expires: _____

Printed Name Of Notary