

RELEASE FORM.

DEBTOR: _____

DEBTOR ADDRESS: _____

SECURED PARTY: _____

SECURED PARTY ADDRESS: _____

COVERING: _____

RECEIPT NO. _____ FILED DAY _____ MONTH _____ 20____

THE SECURED PARTY CERTIFIES THAT HE HAS RECEIVED FULL PAYMENT ON THE DESCRIBED INSTRUMENT.

COUNTY CLERK

SECURED PARTY

DEPUTY

TITLE