LEXINGTON NATIONAL INSURANCE CORPORATION
AFFIDAVIT OF DISCHARGE

STATE OF _____ AGENT _____

COUNTY OF _____ AGENCY _____

_____ of _____

(Name of person examining Records) (County/State)

being duly sworn, deposes and says, that on or about the _____ day of _____, _____, I examined the records of _____ Court and found that the Bonds in the below matters have been discharged of record, by reason of the dispositions shown:

Bond Number	Case Number	Name of Defendant	Date of Execution	Date of Discharge	Amt. of Bond	Reason for Discharge

Sworn before me this _____ day _____, _____.

_____ _____

(Notary Public) (Signature of Person examining Records)

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