

LEXINGTON NATIONAL INSURANCE CORPORATION DISCHARGE REPORT

AGENCY _____

EXECUTING AGENT'S NAME _____

This is to certify that I examined the records of the Municipal/Superior Court listed below and found that the bonds in the below matters have been discharged of record, by reason of the dispositions shown:

Bond Number	Date of Execution	Name of Defendant	Amount of Bond	Case Number	Court Location *	Date of Discharge	Reason for Discharge **
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							

Sworn before me this _____ day _____

(Notary Public)

 (Signature of Person Examining Records)

* Court Location: Municipal Court/Superior Court of Borough/County: : MC = Municipal Court, SC = Superior Court
 Example: MC - Borough of Tinton Falls or SC - Union County

**Disposition Legends: PG = Pled Guilty, FG = Found Guilty, CD = Case Dismissed, FP = Forfeiture Paid
 OT = Other (explain)

Attach Case History and/or Certificate of Discharge executed by the Court.
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