

**Lexington National
Insurance Corporation**

P.O. Box 6098
Lutherville, Maryland 21094
(410) 625-0800

**CERTIFICATE OF
DISCHARGE**

Power No. _____

PRINCIPAL _____

LAST

FIRST

INITIAL

DATE EXECUTED _____ BOND AMOUNT _____ PREMIUM \$ _____

COURT _____ CASE # _____

I CERTIFY THAT THIS COURT'S RECORDS ON THE ABOVE BOND HAVE BEEN EXAMINED AND THE CORRESPONDING
BOND-POWER NUMBER HAS BEEN DISCHARGED OF RECORD.

DATE OF DISCHARGE _____

CLERK OR COURT SEAL: _____ AGENCY _____