

MARYLAND COLLATERAL RECEIPT

RECEIPT NO.: _____

DO NOT LOSE THIS RECEIPT

Surety

Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, Maryland 21094
Phone: 888-888-2245

Bail Producer Firm: [must include name, address, phone # and license #]

- 1. DATE
2. DEPOSITOR'S NAME (First, Middle, Last)
3. ADDRESS (Street, City, State, Zip)
4. PHONE NUMBERS HOME #, WORK #, MOBILE #
5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral:
6. DEFENDANT (First, Middle, Last) ("Defendant") CASE NO.
7. BOND AMOUNT(S) \$, POWER NO(S)
8. COURT
9. RECEIVED BY (Signature of Bail Producer, Printed Name of Bail Producer, Bail Producer License #)

You are depositing the collateral as security for the payment of any and all monies and sums due to Surety or its producers, including all liability, demands, damages, judgments, interest, premium, attorneys' fees and costs suffered, sustained, made or incurred by Surety or its producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Indemnitor Application and Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of Surety or its producer, all of the terms of which are made a part of this receipt by this reference ("Liabilities").

The bail producer will make the collateral available for return to the person whose name appears as Depositor on this Collateral Receipt (or that person's heir, legal representative, or successor in interest) upon written notice from the court that the Bond and the Surety have been exonerated, and that no Liabilities remain open or unpaid and presentation of the original of this Collateral Receipt.

If the collateral you provided included a document that conveys title to a lien on real property and such document was recorded, the producer or Surety shall deliver a reconveyance of the property, executed in such a manner that it may also be recorded, to you or your heir, legal representative or successor in interest after the producer or Surety receives notice of the exoneration of the Bond in writing by the court. The producer or Surety shall deliver such reconveyance document to you by making the document available at its principal place of business or mailing it to you upon your request.

You hereby acknowledge receiving a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to by you.

DEPOSITOR'S SIGNATURE

RECEIPT FOR RETURN OF COLLATERAL

You hereby surrender the original of this Collateral Receipt and acknowledge the return of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the Surety and its producer from any further liability or responsibility in relation to the collateral.

DATE: _____ You have received the items listed below:

TOTAL AMOUNT RETURNED \$ _____

Other collateral returned _____

Received by: _____ Returned by: _____
Print Name Print Name of Bail Producer
Signature Signature of Bail Producer
Bail Producer License #

THIS FORM IS FOR USE IN MARYLAND ONLY

White - Producer Copy • Yellow - Depositor Copy