



CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT -THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

THE UNDERSIGNED, owning premises situate in

covered by the following mortgage :

Mortgage for \$ _____ dated the _____ day of _____, and
recorded in Liber _____ of section _____ of mortgage, page _____ in the office of the _____
of the _____

which mortgage _____ is about to be assigned by the holder thereof to

DO **HEREBY CERTIFY**, in consideration of the sum of One Dollar paid, the receipt whereof is
hereby acknowledged, and to enable said assignment to be made and accepted, that said mortgage
_____ is a valid _____ lien _____ on said premises for the full amount of principal and
interest now owing thereon, namely,

Dollars, and interest thereon at _____ per centum from the _____ day of _____,

and that there are no defenses or offsets to said mortgage _____ or to the
bond _____ or note _____ secured thereby, and that all the other provisions of said bond _____ or note _____ and mortgage
_____ are in force and effect.

DATED the _____ day of _____,

IN PRESENCE OF:

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE

State of New York, County of _____, ss:

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

ACKNOWLEDGEMENT BY SUBSCRIBING WITNESS TAKEN IN NEW YORK STATE

State of New York, County of _____, ss:

On the _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in

(if the place of residence is in a city, include the street and street number if any, thereof); that he/she/they know(s)

to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said

execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto

Title No.

TO

DISTRIBUTED BY

The Judicial Title Insurance Agency LLC 800-281-TITLE (8485) FAX: 800-FAX-9396

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE

State of New York, County of _____, ss:

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

ACKNOWLEDGEMENT TAKEN OUTSIDE NEW YORK STATE

*State of _____, County of _____, ss:

*(Or insert District of Columbia, Territory, Possession or Foreign County)

On the _____ day of _____ in the year _____, before me the undersigned personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual make such appearance before the undersigned in the

(add the city or political subdivision and the state or country or other place the acknowledgement was taken).

SECTION:

BLOCK:

LOT:

COUNTY OR TOWN:

RETURN BY MAIL TO:
