

LIEN RELEASE
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 53213 (04/01)

WHEN RECORDED RETURN TO:
HOME Rehab Program

The undersigned, hereby certifies that the HOME Agreement, dated _____, _____,
and executed by _____, recorded in the County Recorder's
office in _____ County, State of North Dakota, document # _____,
has been satisfied and released.

IN WITNESS WHEREOF, the undersigned, acting as the agent of the Division of Community
Services, has executed this release on _____, _____.

_____, Executive Director

STATE OF NORTH DAKOTA)
)SS
COUNTY OF _____)

Witness _____ hand this _____ day of _____, _____.

Notary Public

My Commission expires _____