MORTGAGE RELEASE
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 53212 (04/01)

WHEN RECORDED RETURN TO:
HOME Rehab Program
_____
_____

This certifies that a certain mortgage executed by _____ of _____ (mortgagor), to _____of _____ (mortgagee), dated the _____ day of _____ in the year _____, upon the following property:

and recorded in the County Recorder's office in _____County, State of North Dakota, document #_____ or on page _____, is paid and satisfied; and _____ hereby authorize and require the recorder to discharge the mortgage of record in the recorder's office.

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 _____