S.S.I.C.

SUN SURETY INSURANCE COMPANY

AFFIDAVIT OF DISCHARGE

STATE OF _____ **AGENCY** _____

COUNTY OF _____

_____ **of** _____

Name of person examining records **County** **State**

being duly sworn, desposes and says, that on or abouth the _____ day of _____, 20_____

they examined the records of various county courts and found that the bonds in the below matters have been discharged

of record, by reason of the dispositions shown.

Power #	Case #	Name of Defendant	Date Posted	Exonerated	Amount	Court Disposition

Sworn to before me this _____ day of _____ 20

_____ _____

Notary Public Signature of Person examining records