# Seneca Insurance Company

## AFFIDAVIT OF DISCHARGE

STATE OF _____ AGENT NAME_____

COUNTY OF _____

_____ OF _____

(Name of person examining records) (County) (State)

being duly sworn, deposes and says, that on or about the _____ day of _____, 20_____ he/she examined the records of _____ court and found that the bonds in the below matters have been discharged of records, by reason of the dispositions shown.

| POWER # | CASE # | NAME OF DEFENDANT | DATE OF EXECUTION | DATE OF TERMINATION | AMOUNT OF BOND | REASON FOR DISCHARGE |
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SWORN TO BEFORE ME THE _____ DAY OF _____, 20_____

_____ _____

(NOTARY PUBLIC) (SIGNATUR OF PERSON EXAMING RECORDS)