

CANCELLATION OF LIEN

STATE OF FLORIDA
COUNTY OF ESCAMBIA

(We) (I) _____ owner(s) of
a lien filed against _____ in the
amount of \$ _____ on the _____ day of _____
_____ and recorded in Official Records Book _____ at Page
_____, of the public records of Escambia County, Florida, do hereby
acknowledge that the said indebtedness has been paid and do hereby cancel
the said lien.

Prepared By: _____
Name

Address

City/State

Signature

Name (please print)

Signature

Name (please print)

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Before the undersigned Notary Public, personally appeared
_____ and _____ personally
known to me to be the individual(s) described by that name or who produced
_____ as identification and who executed the
foregoing cancellation, and acknowledged and declared that ___he executed
the same for the uses and purposes set forth there in.

Given under my hand and seal this _____ day of
_____ A.D., _____.

Notary Public
My commission expires _____