Prepared by and Return to:

**AFFIDAVIT OF \_\_\_\_(Name Of Person Signing) \_\_\_\_\_** **DOCUMENTING
SATISFACTION OF MORTGAGE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Affiants") whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who being duly sworn, deposes and says that:

1. Affiants are currently conveying or mortgaging the following real property:
2. A mortgage from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ recorded on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Official Record Book \_\_\_\_\_\_, Page \_\_\_\_\_\_, of the Public Records of \_\_\_\_\_\_\_\_\_ County, Florida (“Mortgage”) has not been satisfied of record.
3. The loan secured by said Mortgage was paid off in full on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when Affiants purchased the property.
4. Attached hereto as Exhibit A is a copy of documentation from the closing of that purchase evidencing the payoff of the Mortgage.
5. Affiants make this Affidavit for the purpose of inducing WFG National Title Insurance Company to issue title insurance on the above referenced property and hereby indemnifies WFG National Title for any loss or damage it may sustain as a result of said mortgage loan.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Affiant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Affiant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name:

STATE OF FLORIDA
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ , 20\_\_ , by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐
Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Notary Public, State of Florida
Name:
My Commission Expires:
My Commission Number is: