



a FAIRFAX company

Fairmont Specialty Insurance Company
10777 Westheimer Road, Suite 500 (77042)
P.O. Box 2807 Houston, Texas 77252-2807
(713) 954-8100 (713) 954-8389 FAX

CERTIFICATE OF DISCHARGE OF BOND

POWER NO. _____

BOND AMT. \$ _____

This is to certify that on or about the _____ day of _____, _____, I examined the records of _____ Court/Case No. _____ and found that the bond with corresponding power number

above has been discharged of record by reason of the following disposition: [] Pled Guilty [] Found Guilty [] Case Dismissed [] Forfeiture Paid [] Other _____

Date of Discharge _____ Person rendering decision _____

Witness my hand and official seal this _____ day of _____, _____

Title _____

By _____

Bond Amount _____
Appearance Date _____
Defendant _____
Court _____
City _____
State _____
Offense _____
If rewrite, original # _____

Executing Agent _____
Agent # _____

S-0007FS (11/04)

TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at:

FAIRMONT SPECIALTY INSURANCE COMPANY
ATTN: BAIL SURETY
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