



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218 • Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

CERTIFICATE OF PARTIAL SATISFACTION

After Recording Return to:
Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218
Tax Map Reference No.: _____

Place of Record: Circuit Court, Clerk's Office of _____ City/County,
Virginia.

Date of Deed of Trust: _____

Face Amount Secured: _____

Deed Book No.: _____ Page No.: _____ Instrument _____ No.:

Names(s) of Grantor(s): _____

Name of Trustee: _____, Commonwealth Attorney of

The lien of the above-mentioned Deed of Trust securing the above-mentioned obligation is released insofar as it is applicable _____ (*Description of Property*), recorded in Deed Book, _____ at page _____ or Instrument No. _____ in the Clerk's Office of this Court. The undersigned is the legal holder of the obligation secured by the said Deed of Trust.

[THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK.
SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

SIGNATURES:

COMMONWEALTH OF VIRGINIA,
DEPARTMENT OF CRIMINAL JUSTICE
SERVICES

Date: _____

By: _____

Name: _____

Title: _____

STATE OF VIRGINIA

CITY/COUNTY OF _____, to wit:

The foregoing Certificate of Partial Satisfaction was acknowledged before me this _____ day of _____, 20____ by _____ as _____ on behalf of the Commonwealth of Virginia, Department of Criminal Justice Services.

My commission expires: _____

Notary Public

VIRGINIA: IN THE CLERK'S OFFICE OF THE CIRCUIT COURT

This certificate was presented and, with the Certificate annexed, admitted to record on the _____ day of _____, 20____, at _____ o'clock ____m.

Clerk's fees of \$_____ have been paid.

_____, Clerk
Clerk

by _____ Deputy