



**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](http://www.dcjs.virginia.gov/pss)

---

---

**CERTIFICATE OF 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  
\_\_\_\_\_

Description of Property: \_\_\_\_\_  
\_\_\_\_\_

The undersigned lien creditor, the holder of the above-mentioned obligation secured by the above-mentioned Deed of Trust, does hereby certify that the same has/have been paid in full, and the lien therein created and retained is hereby released.

[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 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 by \_\_\_\_\_ Deputy Clerk