

**AFFIDAVIT OF SATISFACTION**  
(G.S. 45-36.17)

\_\_\_\_\_  
Date of Affidavit

The undersigned hereby states as follows:

1. I, the undersigned, \_\_\_\_\_, am an attorney licensed to practice law in the State of North Carolina.

2. I am signing this Affidavit of Satisfaction to evidence full payment or performance of the obligations secured by the real property covered by the following security instrument:

Type of Security Instrument: \_\_\_\_\_

Grantor (s) : \_\_\_\_\_

Secured Creditor : \_\_\_\_\_

County and State of recording : \_\_\_\_\_

Recording Book : \_\_\_\_\_

Page : \_\_\_\_\_

3. I have reasonable grounds to believe that the secured creditor has received full payment or performance of the balance of the obligations secured by the security instrument.

4. With the authorization of the owner of the real property described in the security instrument,

I gave notification to the secured creditor by method authorized by G.S.45-36.5 that provides

proof of receipt that I would sign and record an Affidavit of Satisfaction of the security instrument if, within 30 days after the effective date of the notification, the secured creditor did

not submit a satisfaction of the security interest for recording or give notification that the secured obligation remains unsatisfied.

**5. [Check appropriate box]**

**The 30-day period identified in paragraph 4 has elapsed, I have no knowledge that the secured creditor has submitted a satisfaction for recording, and I have not received notification that the secured obligation remains unsatisfied.**

**The secured creditor responded to the notification in paragraph 4 by authorizing me to execute and record this Affidavit of Satisfaction.**

\_\_\_\_\_  
**(Signature of Satisfaction Agent)**

**State of \_\_\_\_\_**

**County of \_\_\_\_\_**

**I, the undersigned, a Notary Public, hereby certify that**

**\_\_\_\_\_ personally appeared  
before me this day and acknowledged the due  
execution**

**of the foregoing instrument. Witness my hand and  
seal**

**on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**My commission expires on \_\_\_\_\_ . 20\_\_**

(NOTARY  
SEAL)