Prepared by and Return to:

File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT EVIDENCING PAYMENT OF LINE OF CREDIT MORTGAGE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Affiant") swears under oath as follows:

1. Affiant is the owner of the following [describe property]:
2. Affiant is selling/refinancing the Property.
3. No satisfaction of the Revolving Credit mortgage recorded in Official Record Book \_\_\_\_, Page \_\_\_\_ of the Public Records of \_\_\_\_ County, Florida has been recorded.
4. Affiant has diligently searched for documentation regarding the termination/closing of the Revolving Line of Credit but has found none.
5. Affiant understands that WFG National Title Insurance Company is relying on the information in this affidavit to insure over the Mortgage and indemnifies WFG National for any loss incurred relying on the representations herein.
6. Affiant agrees to indemnify and hold WFG and Title Agent., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, harmless from any and all loss, damage, costs, fees, expenses, liens, lawsuits, attorney fees, interest, liability and all other matters arising directly or indirectly out of the Revolving Line of Credit.
7. Affiant will defend at their expense the Property and all parties insured by WFG to own or have a mortgage on the Property against any litigation, claims or any other matters brought against the Property arising directly or indirectly out of Line of Credit Mortgage.
8. Affiant will pay and obtain a release of any liens filed against the Property arising directly or indirectly out of the Line of Credit Mortgage.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant

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: