|  |  |
| --- | --- |
| State of  |  |
|  |  |
| County of |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project ID: | enter text. | Project No.: | enter text. |
| Designation: | enter text. | Parcel No.: | enter text. |
| Landowner: | enter text. |

I, enter text, hereby certify that all sums due to me to date from enter text for enter text in accordance with Order and Decree in Case No. enter text have been received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dated this |  | day of |  | ,  | 20 |

|  |  |
| --- | --- |
| This instrument was acknowledged before me on |  |
|  | (date) |

|  |  |
| --- | --- |
| By |  |

|  |  |
| --- | --- |
| (Seal) |  |
| Notary Signature Line |
|  |
| Notary Printed Name |
| Notary Public for State of |  |
| Residing at: |  |
| My Commission Expires:  |  | / |  | / | 20 |