DISCLOSURE STATEMENT

LEXINGTON NATIONAL INSURANCE CORP. 214 EAST LEXINGTON STREET BALTIMORE, MARYLAND 21202

Bail Agency:	
Bond Number:	
Bond Amount:	
Defendant:	

<u>ATTENTION</u> DISCLOSURE OF LIEN AGAINST R

DISCLOSURE OF LIEN AGAINST REAL PROPERTY. DO NOT SIGNTHIS DOCUMENT UNTIL YOU READ AND UNDERSTAND IT!

THIS BAIL BOND WILL BE SECURED BY REAL PROPERTY YOU OWN OR IN WHICH YOU HAVE AN INTEREST. THE FAILURE TO PAY THE BAIL BOND PREMIUMS WHEN DUE OR THE FAILURE OF THE DEFENDANT TO COMPLY WITH THE CONDITIONS OF BAIL COULD RESULT IN THE LOSS OF YOUR PROPERTY!

After you have read the above Disclosure Statement and received a completed copy of the Bail Bond Agreement and the Deed of Trust, please execute this Disclosure Statement in the space provided below, acknowledging that you have read and understood this Disclosure Statement and that you have received a completed copy of the Bail Bond Agreement and Deed of Trust. You are also responsible for any fees incurred by the Surety, as specified in the Bail Bond Agreement you signed, and any lien against your property will not be released until such fees are paid. You will be asked to execute this document again, in the corresponding space provided below, upon delivery to you of a full reconveyance of title, which, upon recordation terminates the lien on your real property created by the Deed of Trust.

I HAVE READ AND UNDERSTOOD THE ABOVE DISCLOSURE STATEMENT AND HAVE RECEIVED A COMPLETED COPY OF THE BAIL BOND AGREEMENT AND DEED OF TRUST.

Print Name:

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Sign Name:	Sign Name:
Date:	Date:
I HAVE RECEIVED A COPY OF A FULL RECONVEYANCE OF TO THE COUNTY RECORDER FOR FILING, A CERTIFICAT AGAINST REAL PROPERTY TO SECURE PERFORMANCE	TE OF DISCHARGE, OR A FULL RELEASE OF ANY LIEN
Print Name:	Print Name:
Sign Name:	Sign Name:
Date:	Date:

Drint Namo: