

**TEXAS VETERANS LAND BOARD**  
**OFFICER'S CERTIFICATION STATEMENT IN CONNECTION WITH**  
**DOCUMENT REQUESTS OR EXECUTION OF RELEASE/ASSIGNMENT**

<b>Borrower's Name</b>	<b>Administrator Loan Number</b>	<b>Servicer Loan Number</b>
<b>Property Address</b>		
<b>MIN Number (for MERS Registered Loans)</b>		

**Request for Document Copies**

In connection with the servicing of the above referenced loan, please provide copies of the following documents (charges will be assessed per the Guidelines):

\_\_\_\_\_

**Request for Execution of Release/Assignment and/or Release of Original Documents**

**Payoff/Repurchase Date:** \_\_\_\_\_ **Payoff/Repurchase Amount:** \_\_\_\_\_

The undersigned servicer of the above referenced loan hereby certifies that funds sufficient for full liquidation of the loan have been deposited in the appropriate custodial account and requests execution of the attached release/assignment, for non-MERS registered loans, and/or the release of the original loan documents. We, the undersigned, also understand that if the original loan documents for the above referenced loan are released in reliance upon this certification and the loan is subsequently discovered to have in fact not been liquidated, the administrator shall demand the return of the original loan documents or such additional amount as is required to liquidate the loan.

**Request for Release of Original Loan Documents for Claim Processing**

The undersigned servicer of the above referenced loan hereby certifies that foreclosure sale was held on \_\_\_\_\_, clear and marketable title was effected and a Notice of Acquisition was previously provided. We, the undersigned, also understand that if the original loan documents for the above referenced loan are released in reliance upon this certification and it is subsequently discovered that clear and marketable title was not effected, the administrator shall demand the return of the original loan documents. Documents to be provided are the Deed of Trust, Note, Title Policy, Assignments and the LGC, MIC or Certificate of Insurance as appropriate.

Other documents requested: \_\_\_\_\_

Dated: \_\_\_\_\_ Servicer: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please Forward Documents To:**

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