

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT - THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY

**TERMINATION OF ASSIGNMENT OF LEASES AND RENTS**

**THIS TERMINATION**, made the            day of            in the year

**BY**

Assignee

**WHEREAS**, the Assignee is the holder of an Assignment of Lease and Rents recorded on the            day of            ,  
in the Office of the Clerk of the County of            in (Liber) (Reel)            at page            which Assignment of  
Lease and Rents was given by

to

as collateral security for a Mortgage dated the            day of            ,            , made by

to

in the principal sum of            and recorded in (Liber) (Reel)            of mortgages, page            in the office of the  
of the (Register) (Clerk) of            County.

**WHEREAS**, the Assignee has agreed to terminate said Assignment of Leases and Rents hereinabove described and to  
have the clerk of the County of            to discharge said Assignment of Leases and Rents from the record.

**IN WITNESS WHEREOF**, the Assignee has executed this Termination the day and year first above written.

**IN PRESENCE OF:**

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

**USE ACKNOWLEDGMENT FORM BELOW WITHIN NEW YORK STATE ONLY:**

State of New York, County of \_\_\_\_\_ } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

**ACKNOWLEDGMENT FORM FOR USE WITHIN NEW YORK STATE ONLY:**

*{New York Subscribing Witness Acknowledgment Certificate}*

State of New York, County of \_\_\_\_\_ } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_

*(If the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they know(s) to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto.*

**USE ACKNOWLEDGMENT FORM BELOW WITHIN NEW YORK STATE ONLY:**

State of New York, County of \_\_\_\_\_ } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

**ACKNOWLEDGMENT FORM FOR USE OUTSIDE NEW YORK STATE ONLY:**

*{Out of State or Foreign General Acknowledgment Certificate}*

\_\_\_\_\_ } ss.:

*(Complete Venue with State, Country, Province or Municipality)*

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

**TERMINATION OF ASSIGNMENT OF LEASES AND RENTS**

TITLE NO. \_\_\_\_\_

DISTRICT  
SECTION  
BLOCK  
LOT  
COUNTY OR TOWN

TO

RETURN BY MAIL TO

Empty rectangular box with double vertical lines on the left and right sides.

Empty rectangular box.

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

Large empty rectangular box with a dashed border, intended for recording office use.