

CURATIVE AFFIDAVIT

[N.C.G.S. 47-36.2]

This curative affidavit should be indexed as a
"subsequent instrument" pursuant to N.C.G.S. 161-14.1.

I, _____ certify as follows:

1. This curative affidavit is recorded pursuant to N.C.G.S. 47-36.2 to correct an obvious description error contained in a previously recorded instrument as defined in N.C.G.S. 47-36.2(a)(4).
2. I am an attorney licensed to practice law in North Carolina. I am an "authorized attorney" as defined in N.C.G.S. 47-36.2(a)(1).
3. The instrument or instruments containing an obvious description error requiring correction is/are identified as follows:

Insert here the following information regarding each instrument to be corrected: the title of the instrument, the parties to the instrument, and the recording data for the instrument.

4. The obvious description error contained in the instrument(s) to be corrected is identified or described as follows:

Insert here the erroneous description that requires correction.

5. The erroneous property description is corrected to read as follows:

Insert here the correct description of the real property.

6. I have served a copy of a notice of my intent to sign and record this curative affidavit and a copy of this curative affidavit, unsigned, on all persons entitled to notice pursuant to N.C.G.S. 47-36.2(c). Service on each such person was properly effected in a manner prescribed for the service of a summons in accordance with Rule 4(j) or Rule 4(j5) of the North Carolina Rules of Civil Procedure, and more than 45 days have elapsed since the last person to be served was served. By signing and recording this affidavit, I certify that I did not receive from any person so served any written objection to the recordation of this curative affidavit or any written statement disputing the facts recited in this curative affidavit.

7. My contact information is as follows:

Insert here the affiant's name, telephone number, email address (if available), facsimile number (if available), and mailing address.

Date: _____

Signature of Affiant: _____

Print or Type Name: _____

State of _____ County of _____

Signed and sworn to (or affirmed) before me, this the _____ day
of _____, 20____.

My Commission Expires:

Signature of Notary Public

Print or Type Notary's Name

||
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(Affix Official/Notarial Seal)