

## OFFICIAL TITLE DEFECT CLEARANCE CERTIFICATE

Date: [Insert Date]

To:

[Recipient Name/Entity]

[Address Line 1]

[Address Line 2]

**RE: Clearance of Title Defect for Property: [Insert Property Description/Address]**

To Whom It May Concern,

This document serves as formal notification and certification that the previously identified title defect(s) regarding the property located at [Full Property Address], and legally described as [Insert Legal Description/Parcel Number], have been successfully cleared and resolved.

The specific defect(s) addressed include:

- [Insert Description of Defect 1, e.g., Unpaid Lien]
- [Insert Description of Defect 2, e.g., Boundary Dispute]

As of [Insert Date of Resolution], all necessary legal requirements, filings, and financial obligations have been satisfied. Documentation confirming the release of [Lien/Judgment/Encumbrance] has been recorded with the [Insert Name of Recording Office/County Clerk] under Instrument Number [Insert Recording Number].

Based on a thorough review of the public records and the remedial actions taken, the title to the aforementioned property is now considered clear, marketable, and free of the defects listed above.

Please update your records accordingly. Should you require further documentation, please contact the undersigned.

Sincerely,

[Signature]

[Full Name of Authorized Official]

[Title/Position]

[Company or Agency Name]

[Contact Information]