| STATE OF I   | CAROL         | INA           |          |  | File  | e No.    |                    |  |
|--|---------------|---------------|----------|--|---|----------|--------------------|--|
| County   |               |               |          |  |   | Film I   | Vo.                |  |
|  |               |               |          |  | In The General Court Of Justice<br>Superior Court Division<br>Before the Clerk  |          |                    |  |
| Name And Address Of Mo   |               | MATTER O      | F:       |  |   |          |                    |  |
| Name And Address Of Mortgagor/Grantor/Petitioner                   |               |               |          |  | ORDER TO FILE ACCOUNT   |          |                    |  |
| VERSUS/IN THE MATTER OF:   |               |               |          |  |   |          |                    | G.S. 45-21.14                                |
| Name And Address Of Respondent                                     |               |               |          |  | Name And Address Of   | Trustee/ | Commissioner       |  |
| To The Trustee   |               |               | ed Abov  | /e:  |   |          |                    |  |
| You are hereby i   | notified tha  | t:            |          |  |   |          |                    |  |
| you have failed to file your final account as if required by law.  |               |               |          |  |   |          |                    |  |
| the account which you submitted is insufficient or unsatisfactory. |               |               |          |  |   |          |                    |  |
| It is ORDERED t  | that you file | e the require | ed accou | ınt in this offic                                    | ce within twenty (2   | 20) day  | s after service of | this Order upon you.                         |
|  | s Order, a    | contempt p    |          | -  | •   |          |                    | wenty (20) days after<br>ned until a correct |
| Date   |               | Signature     |          |  |   |          | Assistant CSC      | Clerk Of Superior Court                      |
| To The Sheriff:  |               |               |          |  |   |          |                    |  |
|  |               |               |          |  | Account to the Trunce and the second to the |          |                    | ose name and<br>date of this Order.          |
| Date   |               | Signature     |          |  |   |          | Assistant CSC      | Clerk Of Superior Court                      |
|  |               |               |          | RETURN (   | OF SERVICE  |          |                    |  |
| I certify that this (  | Order to Fil  | e Account v   | vas rece |  |   |          |                    |  |
| Date Served  |               |               |          | Name Of Defendant                                    |   |          |                    |  |
| ☐ By delivering  | to the Trus   | stee/Commi    | ssioner  | named above  | e a copy of this Or   | der.     |                    |  |
| ☐ The Trustee/0  | Commissio     | ner WAS N     | OT serv  | ed for the fol                                       | lowing reason:  |          |                    |  |
| ervice Fee Paid Date Received Date Of Return                       |               |               |          | eturn  | Signature Of Deputy Sheriff Making Return   |          |                    |  |
| Ву   |               | l             |          | Name Of Deputy Sferiff Making Return (Type Or Print) |   |          |                    |  |
|  |               |               |          | County Of Deputy Sheriff Making Return               |   |          |                    |  |