



**CERTIFICATE OF COMPLETION
&
ASSIGNMENT OF DEPRECIATION AND SUPPLEMENTS**

This certificate verifies that all restoration services have been completed at [redacted] by Gates Roofing LLC in connection with insurance claim # [redacted]. The insured, [redacted], hereby assigns all rights and interests in the withheld depreciation funds in the amount of \$ [redacted] to Gates Roofing LLC. This assignment also includes any future supplemental payments related to this claim. The repairs were carried out by our team of professionals and inspected to ensure they meet required standards and restore the property to its pre-loss condition. The insured further directs [redacted] to release said funds, including any supplements, directly to Gates Roofing LLC and indemnifies and holds harmless [redacted] from any and all claims or liabilities arising from this payment.

CLAIM INFORMATION

Policy Holder:	[redacted]	Policy Holder Phone #:	[redacted]
Property Address:	[redacted]	Insurance Carrier:	[redacted]
Claim #:	[redacted]	Date of Loss:	[redacted]

INVOICE

Replacement Cost Value:	[redacted]
Price When Incurred:	[redacted]
Supplements:	[redacted]
Total:	[redacted]
Deductible:	[redacted]
Non-Recoverable:	[redacted]
Prior Payments Issued:	[redacted]
Remaining Proceeds:	[redacted]

PAYMENT DETAILS

Pay to the order of: GATES ROOFING LLC
Remit payment to: 2750 Buford Hwy Suite 750 Duluth, GA 30096

Insured Signature: [redacted] Date: [redacted]