

ATTORNEY OR PARTY WITHOUT AN ATTORNEY:

After recording return to:

NAME:
ADDRESS:
CITY, STATE, ZIP:

TELEPHONE NO:
FAX NO. (Optional):
EMAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

SANTA CRUZ WATSONVILLE
701 OCEAN ST, ROOM 110 1 SECOND ST. RM 300
SANTA CRUZ, CA 95060 WATSONVILLE, CA 95076

FOR RECORDER'S OR SECRETARY OF STATE'S USE ONLY

PLAINTIFF/PETITIONER:

vs.

DEFENDANT/RESPONDENT:

CASE NUMBER:

FOR COURT USE ONLY

CLERK'S CERTIFICATE OF ENTRY OF SATISFACTION OF JUDGMENT

I, clerk of the above-named court, certify that a full satisfaction of judgment described below has been entered in the register of actions.

NAME(S) OF JUDGMENT CREDITOR(S)

NAME OF JUDGMENT DEBTOR(S)

DATE OF ENTRY OF JUDGMENT IN REGISTER OF ACTIONS

DATE(S) OF RENEWAL(S) (IF ANY)

DATE OF ENTRY OF SATISFACTION

DATE THIS CERTIFICATE ISSUED

Executive Officer/Clerk of the Court

By _____
Deputy Clerk

(Court Seal)

NOTICE TO JUDGMENT DEBTOR: To release a judgment lien, this form must be recorded with the county recorder of each county where an abstract of judgment has been recorded.

TO BE COMPLETED BY THE JUDGMENT DEBTOR

An abstract of judgment has been recorded as follows: *(Complete all information for each county where recorded.)*

COUNTY	DATE OF RECORDING	RECORDER ID NUMBER

DATE

SIGNATURE OF JUDGMENT DEBTOR