

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, state bar number, and address):

After recording return to:

TELEPHONE NO:

FAX NO:E-MAIL ADDRESS

ATTORNEY FOR

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

PLAINTIFF:	CASE NUMBER:
DEFENDANT:	

CLERK'S CERTIFICATE OF ENTRY OF SATISFACTION OF JUDGMENT

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

DESCRIPTION OF JUDGMENT

NAME(S) OF JUDGMENT CREDITOR(S)	
NAME(S) 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



SHERRI R. CARTER, Executive Officer/Clerk

By _____
Deputy Clerk

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