ATTACHMENT SC-8011

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):		FOR RECORDER'S USE ONLY
TELEPHONE NUMBER: FAX NUM	MBER (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		7
COURT ADDRESS:		
MAILING ADDRESS:		CASE NUMBER:
CITY AND ZIP CODE:		
BRANCH NAME: PLAINTIFF:		FOR COURT USE ONLY
PLAINTIFF.		
DEFENDANT:		1
REQUEST FOR SATISFACTION OF JUDGMENT BY		1
JUDGMENT DEB		
l,	, the un	dersigned judgment debtor declare:
1. Judgment was made and entered again	st me in this case for the total a	amount, including principal and costs,
of \$;	
I have made full payment of the judgment		nd costs;
3. Check one of the boxes below:		
I have asked the judgment creditorefuses to do so.	r to file an acknowledgement	of satisfaction of the judgment and s/he
☐ I have tried to contact the judgment creditor and the present address of judgment creditor is unknown.		
judgment. (Attach a cash receipt sign	ed by the judgment creditor a	nt creditor received full payment after the and/or a canceled check or money order ginal documents are not available I have
 An ☐ Abstract of Judgment ☐ Certif (fill out all information for each County where the county of the co		been recorded as follows
COUNTY	DATE OF RECORDING	INSTRUMENT NUMBER
I declare under penalty of perjury under the la	aws of the State of California th	nat the foregoing is true and correct.
Executed at (city):, California on (dat		ate) 20
		, 20
Print your name here	Sign your name h	ere

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PLAINTIFF:		CASE NUMBER:
DEFENDANT:		
COUI	RT ORDER	
The Court having considered the request and good car of judgment be entered herein.	use appearing, IT I	S HEREBY ORDERED that a satisfaction
Date:	Judicial Officer	
CLERK'S CERT	IFICATE OF MA	AILING
I certify that I am not a party to this cause and that prepaid, in a sealed envelope addressed as shown be this certificate occurred		
at	, California, on (date):
	Ву:	
	-	Deputy Court Clerk

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