

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) After recording return to: TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO Small Claims Department, Central Division 1130 "O" Street Fresno, California 93721-1220 (559) 457-	FOR RECORDER'S OR SECRETARY OF STATE'S USE ONLY

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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CERTIFICATE OF FULL SATISFACTION OF JUDGMENT	FOR COURT USE ONLY
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1. The judgment debtor has complied with CCP § 116.850(d) and has requested that the court clerk enter satisfaction of the judgment.
2. Full name and address of judgment creditor:*
3. Full name and address of assignee of record, if any:
4. Full name and address of judgment debtor being fully or partially released:*
5. a. Judgment entered on (date):
 b. Renewal entered on (date):
6. An abstract of judgment certified copy of the judgment has been recorded as follows (complete all information for each county where recorded):

COUNTY	DATE OF RECORDING	INSTRUMENT NUMBER
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7. A notice of judgment lien has been filed in the Office of the Secretary of State as file number (specify):

NOTICE TO JUDGMENT DEBTOR: If this is a certificate of full satisfaction of judgment, it will have to be recorded in each county shown in item 7 above, if any, in order to release the judgment lien and will have to be filed in the Office of the Secretary of State to determine any judgment lien on personal property.

Date: _____ Clerk, by _____, Deputy

*the names of the judgment creditor and judgment debtor must be stated as shown in any Abstract of Judgment that was recorded and is being released by this satisfaction.