|  |  |  |
| --- | --- | --- |
| This Instrument Prepared by & return to: | | |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of  Two Rivers Title Company, LLC | |
| Address: | 26 Ayers Lane, Suite 202  Little Silver, NJ 07739  TRT | |
| Parcel I.D. #: |  | |
|  | | |
|  | |  |
| SPACE ABOVE THIS LINE FOR PROCESSING DATA | | | | SPACE ABOVE THIS LINE FOR RECORDING DATA |

SATISFACTION OF JUDGMENT

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Plaintiff,  *vs.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Defendant | IN THE COUNTY COURT IN AND FOR COUNTY, FLORIDA  CASE NO. \_\_\_\_\_\_ |

Know All Men By These Presents: That \_\_\_\_\_\_\_\_\_\_\_\_\_, whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Plaintiff in the above-styled cause, wherein a judgment was rendered on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, in the above-named court for **\_\_\_\_\_\_\_\_\_\_\_\_, plus attorneys' fees and costs**, against \_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Defendant(s) therein, said judgment being filed in said court on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, in Official Records Book **\_\_\_\_\_\_\_\_**, Page **\_\_\_\_\_\_**, does hereby acknowledge full payment and satisfaction thereof and hereby consent that the same shall be satisfied of record.

In Witness Whereof, the said \_\_\_\_\_\_\_\_\_\_\_\_ has caused these presents to be executed in her name this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| Signed, sealed and delivered in the presence of:    Witness Signature    Printed Witness Name    Witness Signature    Printed Witness Name |  |

STATE OF FLORIDA :

COUNTY OF :

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification or who is personally known to me.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_ .

Notary Signature

Printed Notary Name

My commission expires /- - - - - - - - Notary Rubber Stamp Seal - - - - - - - -/