



THE
15TH JUDICIAL CIRCUIT
OF FLORIDA

SATISFACTION OF JUDGMENT

This instrument prepared by:

Name: _____

Address: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

Satisfaction of Judgment

space above reserved for recording information

;

;

PLAINTIFF(S)

Case Number: _____

vs.

;

;

DEFENDANT(S)

In Witness Whereof, Plaintiff, _____, _____,
does hereby acknowledge full payment of the judgment rendered on _____, and
recorded in O.R. Book _____, at Page _____ in the Official Record Series of
_____ County. Plaintiff(s) do(es) hereby acknowledges payment in full and hereby consents
that the same shall be discharged and satisfaction of record this ____ day of _____, ____.

Witness 1 Signature

Witness 1 Printed Name

Plaintiff (Individual) or (Agent for)

Witness 2 Signature

Witness 2 Printed Name

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this _____ day of _____, ____ by: _____
personally known to me, or who produced _____ as identification.

Notary Seal

Notary Signature

Notary Printed Name

Commission Number: _____

Commission Expiration: _____