JUDGMENT LIEN CERTIFICATE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILI	NG PARTY (CONFIRMATION WILL	FILING FEE: \$50							
CUSTOMER ID:					MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"				
NAME:					_				
ADD	RESS:								
CITY:									
STATE:		ZIP:	ZIP:						
EMAIL:									
1. JUDGMENT DEBTORS FULL LEGAL NAME									
	1A. ORGANIZATION'S NAME								
OR	1B. INDIVIDUAL'S								
	SURNAME								
	FIRST PERSONAL NAME		MIDDLE		SUFFIX				
1C. MAILING ADDRESS:									
ADI	ADDRESS:								
CITY:									
STATE: ZIP:		: CC	COUNTRY:						
2. ADDITIONAL JUDGMENT DEBTORS FULL LEGAL NAME									
	2A. ORGANIZATION'S NAME								
OR	2B. INDIVIDUAL'S								
	SURNAME								
	FIRST PERSONAL NAME		MIDDLE		SUFFIX				
2C. MAILING ADDRESS:									
ADDRESS:									
CITY:									
STATE: ZIP: CO		JNTRY:							

3. JUDGMENT CREDITORS FULL LEGAL NAME								
	3A. ORGANIZATION'S NAME							
İ								
OR	3B. INDIVIDUAL'S							
	SURNAME							
	FIRST PERSONAL NAME	MID	DLE	SUFFIX				
3C. MAILING ADDRESS:								
ADDRESS:								
CITY	CITY:							
STA	TE: ZIP: CO	UNTR	Y:					
4. ADDITIONAL JUDGMENT CREDITORS FULL LEGAL NAME								
	4A. ORGANIZATION'S NAME							
OR	4B. INDIVIDUAL'S							
	SURNAME							
	FIRST PERSONAL NAME	MID	DLE	SUFFIX				
4C. MAILING ADDRESS:								
ADDRESS:								
CITY:								
	STATE: ZIP: COUNTRY:							
5. COURT IN WHICH JUDGMENT WAS RENDERED								
6. D	ATE OF JUDGMENT							
		1						
7. ORIGINAL JUDGMENT AMOUNT			8. AMOUNT DUE					
9. PERSONAL PROPERTY ON WHICH LIEN IS PLACED								
10. J	UDGMENT CREDITOR SIGNATURE:		11. DATE:					