

# RELEASE OF JUDGMENT LIEN

**THE STATE OF TEXAS  
COUNTY OF LUBBOCK**

**WHEREAS**, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the Justice of the Peace, Precinct **3**,  
Small Claims Justice (circle one) Court of Lubbock, Lubbock County, Texas, in a certain  
cause styled

\_\_\_\_\_ vs \_\_\_\_\_,  
in Cause Number \_\_\_\_\_, styled \_\_\_\_\_, **Plaintiff** in  
Judgment recovered of \_\_\_\_\_, **Defendant** in Judgment, a judgment  
in the sum of \$ \_\_\_\_\_, together \$ \_\_\_\_\_ costs of suit and interest from the \_\_\_\_\_ day of  
, \_\_, at the rate of **5** % per annum; said Judgment is of record in Volume \_\_\_\_\_ Page \_\_\_\_\_,  
records of said Court which record is made a part hereof and reference is here made to same for a  
better description of said Judgment and Abstracts of said Judgment were place, and now appear  
of record in Volume \_\_\_\_\_ Page \_\_\_\_\_ of the Judgment Records of Lubbock County which  
record is made a part hereof and reference is here made to same for better description of such  
judgment;

**AND WHEREAS**, such Judgment has been paid and at the time of its payment the undersigned  
was the legal owner and holder of said Judgment, and entitle to receive payment thereof;

**THEREFORE**, in consideration of the aforesaid payment, the Official Signature of the styled  
, **Plaintiff**, signed below does hereby acknowledge said payment on behalf of  
, **Defendant**, being fully authorized to act therefore, **EXECUTED ON THIS**, \_\_\_\_\_ day of  
, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Plaintiff**

**THE STATE OF TEXAS  
COUNTY OF LUBBOCK**

**BEFORE ME**, the undersigned, a Notary Public in and for said County and State, on this day  
personally appeared, \_\_\_\_\_, known to me to be the person whose name  
is subscribed to the foregoing instrument, and acknowledge to me that he executed the same for  
the purpose and consideration therein expressed and in the capacity therein stated.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE** this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_