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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | <i>FOR RECORDER'S USE ONLY</i> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | <i>FOR COURT USE ONLY</i> |
| PLAINTIFF(S) | |
| DEFENDANT(S) | |
| ORDER EXONERATING PROPERTY BOND | CASE NUMBER |

The court **ORDERS** that the property bond posted by

and _____

is exonerated effective _____.

The lien on the property is **ORDERED** released.

Date: _____

 Judge/Commissioner of the Superior Court

CLERK'S CERTIFICATE



The foregoing document, consisting of _____ page(s), is a full, true, and correct copy of the
 original copy on file in this office.

Clerk of the Superior Court

Date: _____ by _____, Deputy