

STATE OF NORTH CAROLINA

File No.

Abstract No.

Judgment Docket Book And Page No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Name Of Plaintiff(s)

VERSUS

Name Of Defendant(s)

T Name And Address

O

Attorney Of Record For Party
 Party In Whose Favor Judgment Rendered

**NOTICE
PAYMENT ON JUDGMENT**

JUDGMENT PAID IN FULL
 PARTIAL PAYMENT

G.S. 1-239(a), (b)

The amount shown below has been paid to the undersigned Clerk of Superior Court and credited against the above judgment. According to our records, the judgment is paid IN FULL. in part.

Date Of Payment

Amount Of Payment

\$

IMPORTANT NOTICE

If this notice states that this judgment is paid IN FULL and you dispute that determination, you must, within ten (10) days of the date of this Notice, notify this office of your dispute. If you do not do so, the judgment docket will be marked "PAID AND SATISFIED IN FULL" and the funds received will be mailed to you at the above address.

CERTIFICATE OF SERVICE

I certify that on this date I gave the above notice to the attorney for the party in whose favor the above judgment was rendered or, if there is no attorney of record, to the party in person. by depositing the same in the United States mail in an envelope bearing proper postage and addressed as is shown above.

Date

Signature

Deputy CSC Assistant CSC
 Clerk Of Superior Court