COUNTY UNSECURED PROPERTY TAX JUDGMENT

Recording requested by and returned to:	FOR RECORDER'S USE ONLY	FOR CLERK'S USE ONLY
	0.02 0.121	
County Clerk		
Street Address		
Mailing Address		
City and Zip Code		
PLAINTIFF		
DEFENDANT		
COUNTY UNSECURED PROPERTY TAX JUDGMENT	Assessment Number	

The undersigned tax collector applies for a judgment in the amount of tax, penalty, and/or interest that remains unpaid at the time of this request and hereby certifies to the following:

- 1. The notice of intent was sent by registered mail to the assessee's last known address not less than 10 days prior to the date of filing herein.
- 2. The county has completed with all of the provisions of Part 5 of Division 1 of the Revenue and Taxation Code.
- 3. The assessee's name and address is:

4. The assessee's Social Security number is: _____ | □ unknown.

- 5. The amount for which the judgment is sought is \$_____
- 6. \Box Information regarding additional assessees is shown on the reverse.

Executed at (time), (county) County this (day) day of (month), (year).

_____ County Tax Collector State of California

I certify that the following is a true and correct abstract of the judgment entered in the office of the County Clerk.

In favor of the County of (<u>county</u>):

 $[\Box$ Judgment entered (<u>date</u>) (<u>volume</u>) at (<u>page</u>) $|\Box$ Renewal entered (<u>date</u>) (<u>volume</u>) at (<u>page</u>)]

Judgment debtor (full name as it appears in judgment) Total AMOUNT of the judgment as entered: \$(amount)

SEAL

By: _____, Deputy

This abstract on (<u>date</u>) *of the Superior Court*

County Clerk and Ex-Officio Clerk

COUNTY UNSECURED PROPERTY TAX JUDGMENT

Information regarding additional judgment debtors:

6 6 3 6	
PLAINTIFF	ASSESSMENT NUMBER
DEFENDANT	
DEFENDANT	

Driver's License Number	State	Social Security Number	Driver's License Number	State	Social Security Number
Driver's License Number	State	Social Security Number	Driver's License Number	State	Social Security Number
Driver's License Number	State	Social Security Number	Driver's License Number	State	Social Security Number
Driver's License Number	State	Social Security Number	Driver's License Number	State	Social Security Number

[\Box Continued on Attachment.]