



KAREN ELLISON, RECORDER

Assessor's Parcel 1420-18-214-036

**MAIL TO:**

Name COLLECTION SERVICE OF NEVADA

Address 777 FOREST ST.

City/State/Zip RENO, NV 89509

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that this document submitted for recording does not contain the Social Security Number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that this document submitted for recording contains the Social Security Number of a person or persons as required by law:

\_\_\_\_\_  
(State specific law)

Cindy Darre  
Printed Name

Signature

Legal Mgr  
Title

SATISFACTION OF JUDGEMENT

(Title of Document)

**CERTIFIED COPY** FILED

IN THE JUSTICE COURT OF EAST FORK TOWNSHIP  
COUNTY OF DOUGLAS, STATE OF NEVADA  
2017 MAY 12 PM 3:23

COLLECTION SERVICE OF NEVADA,

EAST FORK JUSTICE COURT

Plaintiff,

Case No. 11 SC 271

BY *ll*

vs.

Dept. No.

MICHAEL W. FURLONG,  
Defendant.

**SATISFACTION OF JUDGMENT**

COMES NOW, the Plaintiff, by and through its representative, CINDY DARRE, and hereby represents that the judgment entered in the above-entitled action has been paid and satisfied in full.

**AFFIRMATION<sup>1</sup>:** This document does not contain the social security number of any person.

Dated this 10 day of May, 2017.

*Cindy Darre*  
CINDY DARRE

**JCRCP 5 CERTIFICATE OF SERVICE**

I hereby certify that I am over the age of 18 and not a party to this action and that I served a true and correct copy of this document by placing it into a sealed envelope and depositing it into the United States Post Office First Class Mail, postage prepaid thereon addressed to:

MICHAEL W. FURLONG  
871 COLOMA DR.  
CARSON CITY, NV 89705

SERVED THIS 10 day of May, 2017.

*[Signature]*  
An Employee of Collection Service of Nevada

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

5-12-17  
Date: Clerk of the East Fork Justice Court  
County of Douglas, State of Nevada  
(Seal)

By: *[Signature]*  
Deputy Clerk

<sup>1</sup> This affirmation is in accordance with NRS 239B.030.