STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-061 0

LIEN SATISFACTION

CHECK ONE: ☐ **Motor Vehicle** ☐ **Mobile Home** ☐ **Vessel**

TITLE NUMBER	IDENTIFICATION NUMBER

VESSEL REGISTRATION NUMBER	MANUFACTURER

YEAR	MAKE	MODEL	BODY	WT.-L.-BHP	PREV. REG.	COLOR	TYPE	USE

ODOMETER - DATE READ	REMARKS	DMV	PREV. ISSUE DATE

REGISTERED OWNER(S) (LAST NAME FIRST)

DATE OF ISSUE
MO. DAY YEAR

NAME(S):

ADDRESS:

I ST LIENHOLDER

LIEN DATE
MO. DAY YEAR

NAME:

ADDRESS:

2 ND LIENHOLDER

LIEN DATE
MO. DAY YEAR

NAME:

ADDRESS:

LIEN SATISFACTION

THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HEREON ACKNOWLEDGES SATISFACTION THEREOF. NOTE: IF THE 1 STAND 2ND LIENHOLDER ARE THE SAME PERSON OR ENTITY AND ONLY ONE LIEN IS BEING SATISFIED, DO NOT PERFORATE OR USE A PAID STAMP. COMPLETE THE APPROPRIATE SPACE BELOW FOR THE LIEN THAT IS BEING SATISFIED. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

1ST LIEN_____ BY _____
(LIENHOLDER) (AUTHORIZED LIENHOLDER'S SIGNATURE) (DATE)

2ND LIEN_____ BY _____
(LIENHOLDER) (AUTHORIZED LIENHOLDER'S SIGNATURE) (DATE)

NOTE: LIENHOLDER MUST COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM INCLUDING DESCRIPTION OF MOTOR VEHICLE, MOBILE HOME OR VESSEL, NAME AND ADDRESS OF OWNER, AND NAME AND ADDRESS OF LIENHOLDER. THE DATE OF LIEN MUST BE THE SAME AS THAT SHOWN ON TITLE CERTIFICATE. THE LIEN SATISFACTION MUST BE PROPERLY EXECUTED AND MAILED TO DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES, DIVISION OF MOTOR VEHICLES, NEIL KIRKMAN BUILDING, TALLAHASSEE, FLORIDA 32399-0500 BY THE LIENHOLDER WITHIN TEN DAYS AFTER FINAL PAYMENT FOR MOTOR VEHICLES AND MOBILE HOMES AND THIRTY DAYS FOR VESSELS.

HSMV 82260 (REV. 12/99)S

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