Form O-300

IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

| In re: | § § | Case No. (Chapter) |
|---|--|---|
| DEFAULT/UNOPPOSED/UNCONTESTED ORDER GRANTING RELIEF FROM AUTOMATIC STAY [AND CO-DEBTOR STAY, IF APPLICABLE] (This Order Resolves Docket #) [FORM TO BE FILED AT LEAST TWO DAYS, EXCLUDING INTERMEDIATE WEEKENDS AND HOLIDAYS, BEFORE THE SCHEDULED HEARING IF NO RESPONSE HAS BEEN FILED] ("Movant") filed a motion for relief from the automatic stay [and the co-debtor stay, if applicable] against [describe property. If real property, must list street address and legal description.] (the | | |
| "Property"). Movant represented to the Court that it h and provided notice of the hearing. As certified by requested relief. Accordingly, the Court grants relief. | nad served the | motion in accordance with all applicable rules |
| It is ordered that Movant is granted relief from pursue its state law remedies, including foreclosure, rep | | c stay [and the co-debtor stay, if applicable] to /or eviction with respect to the Property. |
| | ReservedF | orJudgeSignature |
| IF NO OPPOSITION OR REQUEST FOR HEARING HEARING ON THE MOTION TO LIFT STAY, MO CERTIFICATION. IF THE CERTIFICATION IS MEXCLUDING INTERMEDIATE WEEKENDS AN HEARING. THE COURT WILL EITHER ISSUE THEARING IF THE COURT DETERMINES THAT A | VANT MAY MADE AT LI D HOLIDAY THE DEFAU | COMPLETE AND FILE THE FOLLOWING EAST 2 DAYS PRIOR TO THE HEARING, (S), MOVANT NEED NOT ATTEND THE LT ORDER OR WILL RESCHEDULE THE |
| Counsel's Certification: Movant's motion for relief from the stay was set I have reviewed the docket sheet in certification. Any trustee response that has been filed (i) no response has been filed by the debtor or any creflected an absence of opposition to the requested relied deny ANY of the factual allegations in the motion. | this case to oreflects an absenditor; (ii) alth | confirm the accuracy of the statements in this sence of opposition. Additionally, I certify that nough a response was filed, the only responses |
| Movant's counsel signature | | Date |
| Name: | | |
| State Bar No.:S.D. Tex. Bar No.: | | |
| Address: | | |
| Telephone: | | |
| Fax: | | |
| E-mail: | | |