State of	
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MECHANIC'S LIEN

STATE OF			
COUNTY OF			
Notice is hereby given that this Mechanic's Lien, this "Lien", is filed as of the day of			
, 20, (the "Effective Date"), by [Claimant] locate			
at [Address], with the license number			
issued on [Issue date] and			
expiring on [Expiry date], (the "Claimant"), claims a construction lien in			
um of \$ [Claim amount] for labor, services, materials, and/or equipment furnished for			
mprovement to certain real property owned by			
[Owner(s)] (collectively, the "Owner"), located a			
[Address including county], and with			
the legal description:			
[Property legal description] (the "Property"			
This Lien is claimed, separately and severally, as to both the buildings and improvements thereon, and			
the said land.			
The Claimant and (Check one) □ the Owner □ Other:			
entered into a contract on [Date] (□ attached hereto as Exhibit A)			
whereby the Claimant provided the following labor, services, materials and/or equipment at the Property (the "Work"):			
[Contract description], for the total amour			
of \$[Contract price].			
The first day of the Work on the Property by the Claimant was[Date].			
The last day of the Work on the Property by the Claimant was [Date]			
(the "Completion Date").			

Claimant Signature	Claimant Full Name
Subscribed and sworn to as of the Effective Date	э.
The Claimant declares that the contents of this L knowledge.	ien are true and correct to the best of his or her
	espite demands and requests for payment. Accordingly, [Claim amount] is justly due to the
Assignee of the claim (Check one) ☐ Not applicable ☐ The Claimant was assigned this claim from	·
Notice of Lien (Check one) ☐ Not applicable ☐ Notice of Lien was given to the Owner on attached hereto as Exhibit B.	[Date], a copy of which is
	owed], after deducting all just credits and offsets% per annum from the Completion Date) (the the Effective Date.
☐ NOT received any payment.☐ Received payment of \$	
As of the Effective Date, the Claimant has: (Che	ck one)

VERIFICATION

State of		
County of		
above-named Claimant and am	authorized to make this veri	[Relationship to Claimant] of the
nave knowledge of the facts, an	a to the best of my knowled	ge believe the foregoing claims to be true.
Signature		
Date		
	NOTARY ACKNOWLE	DGMENT
State of		
County of		
20, by the undersigned,		day of,, who is personally known to me or subscribed to the within instrument.
Signature		
Notary Public		
My Commission Expires:		

PROOF OF SERVICE

I, the undersigned, being at least 18 years of age, declare under penalty of perjury that I served a copy of

the Mechanic's Lien by registered mail, certified mail, or first class mailing, postage prepaid addressed to the following:	ail, evidenced by a certificate of
Owner or Purported Owner:	
	[Owner(s)]
Address of Owner or Purported Owner:	
Date of Service:	
Signature	Date

Exhibit A

Exhibit B