



Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

# Claim of Lien

Date of this Document: \_\_\_\_\_

Reference Number of Any Related Documents: \_\_\_\_\_

Lienholder:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Property Owner:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): \_\_\_\_\_

\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number(s): \_\_\_\_\_

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_  
(Lienor) who duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is  
\_\_\_\_\_ and that in  
accordance with a contract with \_\_\_\_\_ (Debtor) lienor  
furnished labor, services or materials consisting of (describe specially fabricated materials separately): \_\_\_\_\_

\_\_\_\_\_

on the following described real property in \_\_\_\_\_ County, State of \_\_\_\_\_ (Describe real property sufficiently for identification, including street and number): \_\_\_\_\_

\_\_\_\_\_ owned by \_\_\_\_\_ of a total value of \_\_\_\_\_ Dollars (\$) of which there remains unpaid \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), and furnished the first of the items on \_\_\_\_\_, 20\_\_\_\_\_, and the last of the items on \_\_\_\_\_, 20\_\_\_\_\_, and (if the lien is claimed by one not in privity with the Owner) that the lienor served his or her notice to Owner on \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (method of service).

And, (if required) that the lienor served copies of the notice on the contract on \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (method of service), and on the subcontractor on \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (method of service) and (if known) on the lender, on \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (method of service).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Lienor: \_\_\_\_\_

By (officer or Agent): \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID

Type of ID \_\_\_\_\_

(Seal)



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City/State/Zip \_\_\_\_\_

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Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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Lienor: \_\_\_\_\_

By (officer or Agent): \_\_\_\_\_

State of: \_\_\_\_\_

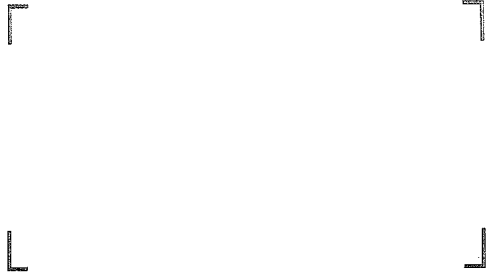
County of: \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID  
Type of ID \_\_\_\_\_  
(Seal)



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Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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County of: \_\_\_\_\_ )

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Lienor: \_\_\_\_\_

By (officer or Agent): \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

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