

## **MECHANIC'S LIEN**

I, the undersigned affiant, \_\_\_\_\_\_\_ of the Claimant, being duly sworn, depose and say that the following statement is true to the best of my knowledge and belief, and is made of my personal knowledge:

On the dates set forth in the Statement of Account attached as Exhibit "A",

, (the "Claimant") furnished material or labor for, or performed labor upon, the building or land for improvement, alteration, or repair thereof, situated upon, or being identical with the following legally described property in \_\_\_\_\_ County, Iowa (the "property"):

The items in Exhibit "A" were furnished pursuant to a contract made with the owner, ownerbuilder, general contractor, or subcontractor and were furnished by Claimant who is a (sub) contractor thereunder. These items were furnished beginning \_\_\_\_\_\_, and ending \_\_\_\_\_\_, and ending \_\_\_\_\_\_, at the respective dates, amounts and prices stated in Exhibit "A", which is a true and just statement of account after allowing all credits.

The name and last known mailing address of the owner of the property is:

The address of the property or a description of its location if it cannot be reasonably identified as an address is:

interest thereon at \_\_\_\_\_% per annum from \_\_\_\_\_\_, for which sum and interest, together with costs and attorney fees as provided by law, Claimant asserts a mechanic's lien against such building, improvement and the property.

If this claim is being made by a person who has furnished labor or materials to a subcontractor, this box must be checked for the purpose of making the following certification applicable to commercial construction only:

The undersigned affiant hereby certifies that within thirty days after the above referred to labor or materials were first furnished, the general contractor or owner-builder was notified in writing with a one-time notice containing the below claimant's name mailing address, and telephone number and the name of the subcontractor to whom the labor or materials were furnished.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Dated

, Affiant

Acting for \_\_\_\_\_\_, Claimant

Address of Claimant

## VERIFICATION

STATE OF	COUNTY OF	
Signed and sworn to (or affirmed) before me on		, by

Signature of Notary Public

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