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| --- | --- |
| Instrument Prepared By  And Recording Requested By |  |

*Space above this line for recorder’s use only*

**MECHANIC’S LIEN**

STATE OF [STATE NAME]

COUNTY OF [COUNTY NAME]

Notice is hereby given that this Mechanic’s Lien, this “Lien”, is filed as of

[MM/DD/YYYY], (the “Effective Date”), by [CLAIMANT NAME], located at

[CLAIMANT ADDRESS], with the license number of [CLAIMANT LICENSE NUMBER] issued on [MM/DD/YYYY] and expiring on [MM/DD/YYYY], (the “Claimant”), claims a construction lien in sum of $[LIEN AMOUNT] for labor, services, materials, and/or equipment furnished for improvement to certain real property owned by [PROPERTY OWNER] (collectively, the “Owner”), located at [PROPERTY ADDRESS], and with the legal description of:

[LEGAL DESCRIPTION OF PROPERTY] (the “Property”).

This Lien is claimed, separately and severally, as to both the buildings and improvements thereon, and the said land.

The Claimant and [OWNER / CONTRACTOR NAME] entered into a contract on [MM/DD/YYYY] whereby the Claimant provided the following labor, services, materials and/or equipment at the Property (the “Work”):

[DESCRIBE THE WORK THAT WAS DONE TO PROPERTY],

for the total amount of $[CONTRACT PRICE].

The first day of the Work on the Property by the Claimant was

[MM/DD/YYYY]. The last day of the Work on the Property by the Claimant was [MM/DD/YYYY] (the “Completion Date”).

As of the Effective Date, the Claimant has: (check one)

Received payment of $[AMOUNT RECEIVED].

NOT received any payment.

The Owner has failed to pay the Balance Due despite demands and requests for payment. Accordingly, the Claimant declares that claim amount of $[LIEN AMOUNT] is justly due to the Claimant.

The Claimant declares that the contents of this Lien are true and correct to the best of his or her knowledge.

Subscribed and sworn to as of the Effective Date.

**Claimant Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [MM/DD/YYYY]

Claimant Printed Name: [CLAIMANT PRINTED NAME]

**VERIFICATION**

I, [VERIFIER NAME] (Name), am the [VERIFIER RELATIONSHIP] (Relationship to Claimant) of the above-named Claimant and am authorized to make this verification. I have read the foregoing claims and have knowledge of the facts, and to the best of my knowledge believe the foregoing claims to be true.

**Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [MM/DD/YYYY]

**NOTARY ACKNOWLEDGMENT**

State of [NOTARY ONLY: STATE]

County of [NOTARY ONLY: COUNTY]

The foregoing instrument was acknowledged before me this [NOTARY ONLY: MM/DD/YYYY], by the undersigned, [NOTARY ONLY: CLAIMANT], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

My Commission Expires: [NOTARY ONLY: MM/DD/YYYY]

**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 mail, evidenced by a certificate of mailing, postage prepaid addressed to the following:

Owner or Purported Owner: [OWNER / PURPORTED OWNER NAME]

Address of Owner or Purported Owner: [OWNER / PURPORTED OWNER ADDRESS]

Date of Service: [MM/DD/YYYY]

**Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)