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

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

**WASHINGTON CLIAM OF LIEN**

[CLAIMANT NAME] (Claimant)

vs

[NAME OF PERSON INDEBTED TO CLAIMANT] (Name of Person Indebted to Claimant)

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: [CLAIMANT NAME]

TELEPHONE NUMBER: [CLAIMANT PHONE NUMBER]

ADDRESS: [CLAIMANT ADDRESS]

1. DATE ON WHICH CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: [MM/DD/YYYY]
2. NAME OF PERSON INDEBTED TO THE CLAIMANT: [NAME OF PERSON INDEBTED TO CLAIMANT]
3. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property): [ADDRESS AND LEGAL DESCRIPTION OF PROPERTY]
4. NAME OF THE OWNER OR REPUTED OWNER (If not known state “unknown”): [OWNER NAME]
5. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: [MM/DD/YYYY]
6. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: [LIEN AMOUNT]
7. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: [ASSIGNOR NAME or N/A]

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

Claimant Printed Name: [CLAIMANT PRINTED NAME]

Phone Number, Address, City, and State of Claimant: [CLAIMANT PHONE NUMBER AND ADDRESS]

**NOTARY ACKNOWLEDGMENT**

State of Washington }

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ } ss.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

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

**Notary Public**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROOF OF SERVICE**

I, [SERVER NAME] (the “Server”), served a copy of the Mechanic’s Lien in the following manner:

Owner or Purported Owner Name: [RECIPIENT NAME] (the “Recipient”)

Address: [RECIPIENT ADDRESS]

Date of Service: [MM/DD/YYYY] Time: [HH:MM]  AM  PM

TheRecipient received the documents by: (check one)

- **Mail.** The Server sent the documents in the mail via: (check one)

Standard Mail

Certified Mail

FedEx

UPS

Other: [OTHER MAIL TYPE].

- **Direct Service.** The Server handed the documents to a person identified as the

Recipient.

- **Someone at the Residence/Workspace.** The Server handed the documents to

a person who identified as living/working at the residence/workspace and stated their name is: [RECIPIENT NAME].

- **Left at the Residence/Workspace.** The Server left the documents in the following

area: [DESCRIBE DROP-OFF LOCATION].

- **Recipient Rejected Delivery.** The Server delivered the documents to the Recipient

in person and the Recipient did not accept delivery.

- **Other:** [OTHER DELIVERY METHOD].

I declare under penalty of perjury under the laws located in this State that the foregoing is true and correct.

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

Printed Name: [SERVER NAME]