

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

MECHANICS' LIEN (Claim of Lien)

The undersigned, _____ referred to in this Claim of Lien as the Claimant, claims a mechanics' lien for the labor, services, equipment and/or materials described below, furnished for a work of improvement upon that certain real property located in the County of _____, State of California, and described as follows: _____

(DESCRIPTION OF PROPERTY WHERE THE WORK AND/OR MATERIALS WERE FURNISHED. ALTHOUGH THE STREET ADDRESS IS SUFFICIENT, IT IS ADVISABLE TO GIVE BOTH THE STREET ADDRESS AND THE LEGAL DESCRIPTION.)

After deducting all just credits and offsets, the sum of \$ _____, together with interest thereon at the rate of _____ percent per annum from _____,

(AMOUNT OF CLAIM DUE AND UNPAID)

is due Claimant for the following labor, services, equipment and/or materials furnished by _____,

(DATE WHEN AMOUNT OF CLAIM BECAME DUE)

Claimant: _____

(GENERAL DESCRIPTION OF THE WORK AND/OR MATERIALS FURNISHED)

The name of the person or company by whom Claimant was employed, or to whom Claimant furnished the labor, services, equipment and/or materials is _____

(USUALLY NAME OF PERSON OR FIRM WHO ORDERED FROM, OR CONTRACTED WITH CLAIMANT FOR THE WORK AND/OR MATERIALS)

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are: _____

(THIS INFORMATION CAN BE OBTAINED FROM THE COUNTY ASSESSOR'S OFFICE WHERE THE REAL PROPERTY IS LOCATED)

Name of Claimant _____

By _____

(SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT AND TITLE)

VERIFICATION

I, the undersigned, declare: I am the _____ of _____,

(TITLE)

(NAME OF CLAIMANT)

the Claimant named in the foregoing claim of mechanics' lien; I am authorized to make this verification for the Claimant; I have read the foregoing claim of mechanics' lien and know the contents thereof, and the same is true to my own knowledge.

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

(DATE OF SIGNATURE)

(SIGNATURE OF THE INDIVIDUAL WHO VERIFIES THAT THE CONTENTS OF THE CLAIM OF MECHANIC'S LIEN ARE TRUE)