

Recording prepared by:

When recorded return to:

State of _____

LIEN RELEASE

STATE OF _____
COUNTY OF _____

1. Parties. This Lien Release ("Release") is made and entered into as of the _____ day of _____, 20__, by and between _____ [Claimant Name], whose address is _____ [Claimant Address], (the "Claimant"); and _____ [Owner Name], whose address is _____ [Owner Address], (the "Owner").

2. Property. This Release relates to the following real property (the "Property"):

Address: _____

Legal Description: _____

3. Lien Details. The Claimant previously filed a Mechanic's Lien against the Property on _____ day of _____, 20__, recorded at: (Check one)

☐ County Clerk's Office of _____ [County]

☐ Recorder of Deeds for _____ [County]

☐ Other: _____

Document Number (if available): _____



4. Release of Lien. In consideration of full and final payment of \$_____ (☐ received in full / ☐ to be received contemporaneously with execution of this Release), the Claimant hereby fully and unconditionally releases, cancels, and discharges the above-described Mechanic's Lien and waives all rights, claims, and demands arising therefrom against the Owner and the Property.

5. Authority. The Claimant declares under penalty of perjury that they have full authority to execute this Release and that the claims have been satisfied.

6. Subscribed and Sworn. Subscribed and sworn to as of the date first written above.

Claimant Signature

Claimant Full Name



NOTARY ACKNOWLEDGMENT

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20_____, by the undersigned, _____, who is personally known to me or
satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____



PROOF OF SERVICE

I, the undersigned, declare under penalty of perjury that I served a copy of this Lien Release by registered mail, certified mail, or first-class mail, postage prepaid and addressed to:

Owner: _____

Address: _____

Date of Service: _____

Signature

Date



Exhibit A
(Optional Copy of Recorded Lien)

