

Recording Requested By:

When Recorded Mail To:

Space above this line for recorder's use only

**MECHANICS' LIEN  
(Claim of Lien)**

(To be recorded in the county recorder's office in the county in which the property is located.)

**NOTICE IS HEREBY GIVEN** that, \_\_\_\_\_,  
as the Claimant, claims a lien for labor, service equipment, or materials under Section 3082 et. Seq. of the Civil Code of the State of California, upon the premises hereinafter described, and upon every estate or interest in such structures, improvements and premises held by any party holding any estate herein.

Said labor, service, equipment or materials, were furnished for the construction of those certain buildings, improvements, or structures, now upon that certain parcel of land situated in the County of \_\_\_\_\_, State of California, said land described as follows:

**STREET ADDRESS:**

**LEGAL DESCRIPTION:**

Said lien is claimed for the following labor, services, equipment or materials: (describe labor, services, equipment or materials in detail): \_\_\_\_\_  
\_\_\_\_\_. After deducting all just credits and offsets, the amount due is \$\_\_\_\_\_. 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: \_\_\_\_\_  
\_\_\_\_\_.

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

Name of Claimant: \_\_\_\_\_

Firm name

Date: \_\_\_\_\_

By: \_\_\_\_\_

Signature

Print Name & Authorized Capacity

**Verification**

I, the undersigned, declare: I am the \_\_\_\_\_ (title), for 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 mechanic's lien and know the contents thereof, and the same is true of my knowledge. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_ California. \_\_\_\_\_

Signature of Claimant or Authorized Agent