Recording Requested By And Mail To:	
	Space above this line for recorders use only
RELEASE OF MECHANICS L	
The undersigned Claimant,	
Mechanics Lien, dated, and recorded as instrument No	oon
, in the Official Records of Co	ounty, and in which Mechanics Lien
is named as the owner or re	
in said lien, andis named as p	erson or company by whom claimant
was employed or to whom claimant furnished labor, services, equipment, or materia	ials and does hereby release the
premises described therein from the said claim of lien, which premises are described	ed as follows:
STREET ADDRESS:	
and/or LEGAL DESCRIPTION:	
LEGAL DESCRIPTION.	
Date: Name of Claimant:	
Ву:	Cinnatura
	Signature
	Authorized Capacity
CERTIFICATE OF ACKNOWLEDGM	FNT
A notary public or other officer completing this certificate verifies only the identity of the i which this certificate is attached. and not the truthfulness. accuracy. or validity of that doe	
State of California,	
County of	Capacity claimed by signer: [ ] Individual
On, before me,, Notary Public, personally	[] Corporate Officer(s)
appeared, who proved to me on the basis of satisfactory	Titles:
evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to	[] Attorney-in-fact
me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their	[] Trustee(s) [] Guardian/Conservator
signature(s) on the instruments the person(s), or the entity upon behalf of which the person(s), or the	[ ] Other:
entity upon behalf of which the person(s) acted, executed the instrument.	Signer is representing names of person(s) or entity(ies):
I certify under PENALTY OF PERJURY under the laws of the State of California that the	
foregoing paragraph is true and correct.	
WITNESS my hand and official seal:	
writerss my naid and official scal.	
Signature:	