

Recording Requested By And Mail To:

Space above this line for recorders use only

RELEASE OF MECHANICS LIEN

The undersigned Claimant, _____ does hereby release that certain Mechanics Lien, dated _____, and recorded as instrument No. _____ on _____, in the Official Records of _____ County, and in which Mechanics Lien _____ is named as the owner or reputed owner of the property described in said lien, and _____ is named as person or company by whom claimant was employed or to whom claimant furnished labor, services, equipment, or materials and does hereby releases the premises described therein from the said claim of lien and hereinafter set forth, which premises are described as follows:

STREET ADDRESS:

and/or

LEGAL DESCRIPTION:

Date: _____

Name of Claimant: _____

By: _____

Signature

Authorized Capacity

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached. and not the truthfulness, accuracy, or validity of that document.

State of California,

County of _____

On _____, before me, _____, Notary Public, personally appeared _____ date _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instruments the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Capacity claimed by signer:

- Individual
- Corporate Officer(s)

Titles: _____

- Partner(s) __Limited__ General
- Attorney-in-fact
- Trustee(s)
- Guardian/Conservator
- Other: _____

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:

Signature: _____