

Prepared by and returned to:

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NOTICE TO CLERK: PLEASE INDEX THIS DOCUMENT BY THE INFORMATION CONTAINED IN EACH SHADED AREA.

WARNING!

THIS LEGAL DOCUMENT REFLECTS THAT A CONSTRUCTION LIEN HAS BEEN PLACED ON THE REAL PROPERTY LISTED HEREIN. UNLESS THE OWNER OF SUCH PROPERTY TAKES ACTION TO SHORTEN THE TIME PERIOD, THIS LIEN MAY REMAIN VALID FOR ONE YEAR FROM THE DATE OF RECORDING AND SHALL EXPIRE AND BECOME NULL AND VOID THEREAFTER UNLESS LEGAL PROCEEDINGS HAVE BEEN COMMENCED TO FORECLOSE OR TO DISCHARGE THIS LIEN.

CLAIM OF LIEN

STATE OF FLORIDA COUNTY OF _____

RECORD IN _____ COUNTY

BEFORE ME, the undersigned notary public, personally appeared _____, who, was duly sworn and says that she or he is the _____ of _____, Lienor, whose address is _____, and that in accordance with a contract with _____, Lienor furnished labor, services or materials consisting of _____ on the following described real property in _____ County, Florida, to wit:

_____, according to the plat thereof as recorded in Plat Book _____, Page _____, Public Records of _____ County, Florida,

owned by _____ for a total value of \$_____ of a total value of \$_____, of which there remains unpaid principal of \$_____, plus finance charges through _____, 20____, in the amount of \$_____, and additional finance charges that accrue to the date of payment; of which there remains unpaid \$_____, and furnished the first of the items on _____ and the last of the items on _____ and that the Lienor served its Notice to Owner on the Owner on _____ by United States Certified Mail, and that the lienor served a copy of the notice on the contractor on _____ by United States Certified Mail.

Signed, sealed and delivered in the presence of: _____

Print Name: _____

By: _____ Name, Title

Print Name: _____

SWORN TO AND SUBSCRIBED BEFORE ME, by _____
as _____ of _____, a
_____ corporation, on behalf of the corporation, who is personally
known to me or produced _____ as identification, and who
did take an oath, this _____ day of _____, 20__.

Notary Public; State of Florida
My Commission Expires:

Copy provided to:
CERTIFIED RECEIPT NO.: