Return Address:

[**Your Address**]

**CLAIM OF LIEN**

|  |
| --- |
| Reference # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print last name first)Grantor(s) (Owner): [**Name of Property Owner**] Grantee(s) (Claimants): [**Name of Your Company**] Abbreviated Legal Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assessor’s Property Tax Parcel / Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Notice is hereby given that the person named below claims a lien pursuant to Chapter 60.04 RCW. In support of this lien, the following information is submitted:

1. Name of Lien Claimant: [**Name of Your Company**]

Telephone Number: [**Your Company’s Phone Number**]

Address: [**Your Company’s Address**]

2. Date on Which the Claimant Began to Perform Labor, Provide Professional Services, Supply Material or Equipment, or the Date on Which the Employee Benefit Contributions Became Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Person Indebted to the Claimant: [**Name of Person who Owes you Money**]

4. Description of the Property Against Which a Lien is Claimed (street address, legal description, or other information that will reasonably describe the property): [**Property Address**]

[**Property Legal Description**]

5. Name of the Owner or Reputed Owner: [**Property Owner’s Name**]

 Address: **[Property Owner’s Address]**

6. The Last Date on Which Labor Was Performed, Professional Services Were Furnished, Contributions to an Employee Benefit Plan Were Due, or Material or Equipment Was Furnished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Principal Amount for Which the Lien is Claimed is: $

8. If the Claimant is the Assignee of This Claim, so State Here:

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

Name:

STATE OF WASHINGTON )

) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, on oath deposes and states: I am claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan); I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct; and that the claim of lien is not frivolous and is made with reasonable cause and is not clearly excessive under penalty of perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:

Claimant or Claimant’s Authorized Representative

STATE OF WASHINGTON )

) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 On this day personally appeared before me **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, to me known to be the [**Signor’s Position or Title**] of the corporation/company that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation/company, for the uses and purposes therein mentioned, and on oath stated that he/she is authorized to execute the said instrument.

SUBSCRIBED and SWORN to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

in and for the State of Washington,

residing at

My Appointment Expires: