

RECORDING REQUESTED BY:

WHEN RECORDED MAIL DOCUMENT TO:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Partial Release of Mechanic's Lien

Civil Code § 8120, et seq.

On _____, _____ (Claimant) recorded a Claim of Mechanic's Lien (Claim of Lien) in the Office of the County Recorder, County of _____, Book No. _____ and Page No.: _____, or Document No. _____.

The Claimant recorded the above-mentioned mechanic's lien for labor, services, equipment and/or materials, and which affected certain real property situated in the County of _____, State of California, commonly known as _____ (Property).

The property is owned or reputed to be owned by _____ (Owner/Reputed Owner), _____ (Address).

Claimant hereby partially releases the above described real property from the Claim of Mechanic's lien recorded against the Property and from the affect of said lien.

THE RECORDED CLAIM OF MECHANIC'S LIEN REMAINS IN FULL FORCE AND EFFECT FOR THE REMAINING UNPAID BALANCE OF \$ _____.

Dated: _____.

By: _____

Name/Title _____

ACKNOWLEDGEMENT

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 _____) ss.

On _____ (date), before me, _____,

Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(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 instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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.

Name: _____, Notary Public