RECORDING REQUESTED BY		
AND WHEN RECORDED MAIL DOCUMENT TO:		
NAME		
STREET ADDRESS		
CITY, STATE & ZIP CODE		
	SPACE	E ABOVE THIS LINE FOR RECORDER'S USE ONLY
	Mechanic's L	_ien
The undersigned.		referred to in this claim of lien as the claimant,
California, and described as follows: Street Address:		nty of, State
		, together with interest thereon, is due claimant for the following lab
		, is due claimant for the following lab
services, equipment and/or materials:		
The name of the person or company services, equipment and/or materials		ployed, or to whom claimant furnished the lab
The name(s) and address(es) of the o	wner(s) or reputed owner(s)) of the real property is/are:
	Name of Claimant	
		(Signature of claimant or authorized agent and title)
	_,	(Signature of claimant or authorized agent and title)
	VERIFICATION	l
I, the undersigned, state: I am the	(Title)	Of,(Name of claimant)
the claimant named in the foregoing c claimant; I have read the foregoing cla my own knowledge.	laim of mechanics' lien; I am aim of mechanics' lien and k	n authorized to make this verification for the now the contents thereof, and the same is true
I declare under penalty of perjury under	er the laws of the State of C	alifornia that the foregoing is true and correct.
Executed on	, at	, California

^{*} There are various types of forms depending on each person's legal status. Before you use this form you many want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.