

Prepared by, recording requested by and return to:

Name _____
Street _____
Address _____
City _____
State _____
Zip _____
Phone _____

-----Above this line for Official Use Only-----

AFFIDAVIT FOR CANCELLATION OF PRELIMINARY LIEN NOTICE- INDIVIDUAL

STATE OF GEORGIA
COUNTY OF _____

BE IT KNOWN THAT _____, upon being duly sworn, states on his or her oath the following:

1. I filed a demand for filing of a claim of lien to _____, in connection with the Preliminary Lien Notice filed by _____. The demand was filed in accordance with 44-14-361.4(a) (3) or (4). The demand was mailed by registered or certified mail or statutory overnight delivery on ____ day of _____, 20_____.
2. A true and correct copy of the Demand to File a Claim of Lien is attached hereto as Exhibit "A" and incorporated herein by reference.
3. Ten (10) days has elapsed since the date of mailing of the Demand to file a Claim of Lien without the filing of a claim of lien by the potential lien claimant.
4. The Clerk of Superior Court is therefore requested to cancel of record the preliminary notice of lien rights filed by _____.

WITNESS my signature this the ____ day of _____, 20_____.

Signature
Printed Name: _____

Sworn to and executed
in the presence of:

(Witness)

Sworn to (or affirmed) and subscribed before me this ____ day of _____ (month), _____ (year), by _____ (name of person making statement).

_____ Personally Known
_____ Produced Identification

Type and # of ID _____

(Signature of Notary)

(Seal)

(Name of Notary Typed, Stamped or Printed)
Notary Public, State of Georgia
My Commission Expires: _____

Reference 44-14-361.4.