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STATEMENT OF LIEN

C.R.S. § 38-22-109

STATE OF COLORADO

COUNTY OF

Claimant / Lienor	_____
Owner	_____
Amount claimed	\$_____
Parcel Number	_____

_____ ("Claimant") claims a lien under C.R.S. § 38-22-109 upon the real property and improvements described below, in the amount stated below, for labor, services, equipment or materials furnished for the improvement of that property, and states:

1. Claimant.

2. Owner or reputed owner of the property.

3. Person who contracted with Claimant.

4. Property subject to the lien.

Legal description: _____

Parcel Number: _____

5. Labor, services, equipment or materials furnished.

First furnished: _____

Last furnished: _____

6. Amount claimed.

After deducting all just credits and offsets, the amount claimed is \$

_____.

Contract amount (agreed price or reasonable value of the labor and materials) \$ _____

Less payments received \$ _____

Amount claimed, after deducting all just credits and offsets \$ _____

- 7.** Claimant, named above, is the person who furnished the laborers or materials, or performed the labor, for which this lien is claimed (C.R.S. § 38-22-109(1)(b)).
- 8.** If Claimant is a subcontractor, the name of the contractor is stated above (C.R.S. § 38-22-109(1)(b)).
- 9.** The amount claimed above is due and owing to Claimant (C.R.S. § 38-22-109(1)(d)).
- 10.** Claimant served a notice of intent to file a lien statement at least ten days before filing this statement. The affidavit of that service is recorded with this statement (C.R.S. § 38-22-109(3)).
- 11.** This statement is filed within four months after Claimant last furnished labor, laborers or materials, or within two months after the improvement was completed for labor alone by the day or piece (C.R.S. § 38-22-109(4), (5)).

The undersigned, being first duly sworn, states that he or she is the authorized representative, the claimant named above; that he or she is authorized to make this Statement of Lien on its behalf; that he or she has read it and knows its contents; and that the statements in it are true of his or her own knowledge.

CLAIMANT:

_____	_____
By (signature)	Date
_____	_____
Printed name	Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, authorized representative, who is personally known to me or who produced _____ as identification.

_____	_____
Notary Public (signature)	My commission expires

Notary's printed or typed name	(Notary seal)