

Prepared by, recording requested by and
return to:

Space above this line for recorder's use only

CLAIM OF LIEN

O.C.G.A. § 44-14-361.1

STATE OF GEORGIA

COUNTY OF

Claimant / Lienor	_____
Owner	_____
Amount claimed	\$_____
Tax Parcel ID	_____

This claim of lien expires and is void 395 days from the date of filing of the claim of lien if no notice of commencement of lien action is filed in that time period.

_____, a person entitled to a lien under O.C.G.A. § 44-14-361, claims a lien in the amount of \$_____ on the building, structure and improvements and the premises or real estate on which they are erected or built, of _____, described as follows:

Legal description: _____

Tax Parcel ID: _____

for satisfaction of a claim which became due on _____ (the last date the labor, services or materials were supplied to the premises) for _____.

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

Less payments received \$ _____

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

This claim of lien is filed for record in the office of the clerk of the superior court of the county in which the property is located within 90 days after the last furnishing of labor, services or materials by the claimant, pursuant to O.C.G.A. § 44-14-360 et seq.

NOTICE TO OWNER: Pursuant to O.C.G.A. § 44-14-368, the owner of the real property described herein, or the owner's agent or attorney, or the contractor or the contractor's agent or attorney, has the right to contest this claim of lien and to shorten the time within which a lien action must be commenced by filing a notice of contest of lien with the clerk of the superior court of the county in which this claim of lien is filed.

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 Claim 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)

CANCELLATION OF CLAIM OF LIEN (to be completed when the claim has been satisfied)

The claim of lien described above has been paid and satisfied in full. The undersigned claimant cancels it and authorizes and directs the clerk to cancel it of record.

Claimant, by (signature and printed name)

Date