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MECHANIC'S LIEN STATEMENT

K.S.A. 60-1102 and 60-1103

STATE OF KANSAS

COUNTY OF

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

_____ ("Claimant") claims a lien under K.S.A. 60-1102 and 60-1103 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.

Contractor's license number: _____

2. Owner or reputed owner of the property.

3. Person who contracted with Claimant.

Date of the contract: _____

4. Property subject to the lien.

Legal description: _____

Parcel ID: _____

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's address stated above is sufficient for service of process (K.S.A. 60-1102(a)(2)).

8. A reasonably itemized statement of the claim, or a copy of the written instrument or promissory note that evidences it, is attached as Exhibit A and is part of this statement (K.S.A. 60-1102(a)(4)).

9. If Claimant is a subcontractor or supplier, the contractor is named above, either as the person who contracted with Claimant or as the original (general) contractor (K.S.A. 60-1103(a)(1)).

10. This statement is filed within the time K.S.A. 60-1102 and 60-1103 allow after Claimant last furnished labor, equipment, material or supplies: four months for an original contractor, three months for a subcontractor or supplier, or five months after a timely notice of extension.

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 Mechanic's Lien Statement 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)