

Prepared by, recording requested by and
return to:

Space above this line for recorder's use only

NOTICE AND CERTIFICATE OF MECHANIC'S LIEN

S.C. Code Ann. § 29-5-90

STATE OF SOUTH
CAROLINA
COUNTY OF

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

_____ ("Claimant") claims a lien under S.C. Code
Ann. § 29-5-90 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.

4. Property subject to the lien.

Legal description: _____

TMS 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.** This statement is a just and true account of the amount due to Claimant, with all just credits given.
- 8.** Claimant files this statement within ninety days after it last furnished labor or materials for the improvement of the property.
- 9.** Claimant is serving a copy of this statement on the owner, or on the person in possession if the owner cannot be found, as S.C. Code Ann. § 29-5-90 requires.

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 Notice and Certificate of Mechanic's 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)

VERIFIED STATEMENT OF ACCOUNT

CLERK OF COURT/REGISTER OF DEEDS

STATE OF SOUTH

Claimant

CAROLINA

Owner

COUNTY OF _____

Account balance as of _____: \$ _____

Payments received: \$ _____

Balance due as of _____: \$ _____ *

* Plus interest, attorney's fees and costs.

I HEREBY CERTIFY that the foregoing is a true and correct statement of account due to Petitioner in connection with this Mechanics' Lien.

CLAIMANT:

By (signature)

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)