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Recording Requested By:

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SPACE ABOVE FOR RECORDER'S USE

**RELEASE OF MECHANICS LIEN**  
California Civil Code Section 8146 et seq.

**Claimant**  
(Give name & address)

**Property Owner (Owner)**  
(Give name & address)

**Property Liened (Property)**  
(Give municipal address & legal description)

State of California  
County of \_\_\_\_\_

The Claimant, undersigned, hereby releases, discharges, and/or acknowledges satisfaction of that certain notice and claim of mechanic's recorded on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, against the Owner, at the office of the County Recorder of \_\_\_\_\_ County in Book \_\_\_\_\_ of Official Records, page \_\_\_\_\_, as instrument number \_\_\_\_\_, affecting the Property. The aforesaid notice and claim of mechanic's lien is released, discharged and/or satisfied as follows: (Give reason for cancellation)

Lien has been paid and satisfied

Claimant did not file suit to enforce lien within 90 days from filing, and seeks the release of the instrument as per the California Civil Code

Claimant wishes to release the Claim of Lien for other reasons, but reserves any rights available to Claimant under law to pursue collection of the claim amount.

**Notary:** On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, In the State of \_\_\_\_\_, County of \_\_\_\_\_, before me, undersigned Notary Public, personally appeared \_\_\_\_\_, Agent for Claimant, appearing herein through \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Agent for Claimant

Signed by: \_\_\_\_\_