Prepared by, recording request	ed by	y and
return to:		

Name:	
Company:	
Address:	

Phone: ______ Fax: _____

Above this Line for Official Use Only

AFFIDAVIT OF LIEN BY TIERED CONTRACTOR OR SUPPLIER

State of Texas || County of _____

<u>NOTICE: THIS IS NOT A LIEN</u> THIS IS ONLY AN AFFIDAVIT CLAIMING A LIEN

The Claimant (Name)	Amount of Claim \$
(Mailing Address)	General statement of kind of work done and/or materials furnished (Services):
(Physical Address)	
The Property Owner (Name & Address of Owner or Reputed Owner)	The Services were performed in construction of improvements at the following described property (Property):
The Original Contractor (Name & Address of Party who Contracted With the Property Owner)	
The Hiring Party (Name & Address of Party who hired Claimant)	Months Services Furnished The Claimant provided Services for which payment is requested in the following month(s):

Dates Notices Sent:

The Claimant delivered Notice of the Claim to the Property Owner on the following dates, and through the following method:

Date:

Delivered via:

/20	
/20	
//20	
/20	

Attachments to this Affidavit of Lien Include:

Exhibit A:	Affidavit of Delivery of this Affidavit of Claim to the Owner
Exhibit B:	
Exhibit C:	

BEFORE ME, the undersigned authority, personally came and appeared ________, a person of the full age of majority, who upon his/her oath did depose and state the following:

- A. That he/she is an authorized and disclosed agent of the above-identified Claimant. As the authorized and disclosed agent of the Claimant, he/she has been provided with the facts related to the claim asserted herein, and to the best of his/her knowledge, information and belief, the facts set forth herein are true and correct. He/she is competent and authorized to make this affidavit.
- B. The Claimant is above-identified, as is its mailing address and physical address. The Claimant was a contractor and/or supplier on the project in question;
- C. Under its contract with the above-identified Hiring Party, the Claimant agreed to provide the above-described Services for the installation of improvements to the above-described Property.
- D. The owner or reputed owner of the real property above-described and made subject to this Affidavit of Lien is above-identified as the Property Owner, as the owner's mailing address.
- E. The real property sought to be charged with a lien is the property above-described as the Property.
- F. The total amount due to the Claimant is above-identified as the Amount of Claim. This amount is just, due and correct, after allowing all credits, offsets and payments. The Claimant claims a lien on the Property and its improvements to secure payment of its Amount of Claim.
- G. A copy of this Affidavit of Lien was mailed to the Property Owner and the Original Contractor as per the Affidavit of Delivery attached to this Affidavit of Lien as Exhibit A.
- H. The additional exhibits attached to this Affidavit of Lien (if any) are true and correct copies of the documents, the documents themselves offering the best evidence of its contents.

- I. Each month in which Services were provided to the Property for which payment is requested is identified above as Months Services Furnished;
- J. The date each Notice of Claim was sent to the Owner, and the method of its delivery, is identified above as Dates Notices Sent.

STATE OF		
COUNTY OF		Signed this day
	of	, 20
BEFORE ME, undersigned Notary Public, personally came and appeared, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that the facts asserted therein were true, correct and accurate		
to the best of his/her information and belief, and that		Agent for the Claimant
he/she executed the document for the purposes stated	Signed by: _	
therein, and in the capacity stated therein, and as the act and deed of said Claimant.	Title: _	
Subscribed and sworn to before me, on the day of, 20		
Notary Public		

EXHIBIT A

PROOF OF SERVICE AFFIDAVIT

I served the attached document:

[____] By personally delivering the notice to the identified parties;

[____] By First Class Certified or Registered Mail service, return receipt requested, postage prepaid.

State of			Signed this	day
County of		of	, 2	0
Sworn to and subscribed, after being placed under oath, before me, undersigned Notary Public, on the date inscribed to the right of this verification, acknowledgement and declaration.				
			Agent for the Clair	nant
	Signed by:			
Notary Public	Title:			



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