

RELEASE OF MECHANICS LIEN

Claimant _____ (name)
_____ (street, city, state, zip)

Property Owner (Owner) _____ (name)
_____ (street, city, state, zip)

Property Liened (Property) _____ (street, city)
_____ (legal description)

State of Indiana, County of Marion

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 Marion County and identified as _____, affecting the Property. The aforesaid notice and claim of mechanic's lien is released, discharged and/or satisfied.

Signature of Claimant (or Agent) Printed Name Title/Date

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (IC 36-2-11-15) FORM PREPARED BY:

(Printed; or stamped name of individual & title)

STATE OF INDIANA, COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day of _____, _____, personally appeared

said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public Signature

Printed Name: _____

My commission expires: _____