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SPACE ABOVE FOR RECORDER'S USE

OREGON CLAIM OF CONSTRUCTION LIEN

O.R.S. §§ 87.035

_____ (CLAIMANT)

v

_____ (LIEN DEBTOR)

The **Claimant:** (Name & Address)

The **Property** to be charged with Lien:

Municipal Address:

The **Property Owner:** (Name & Address)

Legal / Other Description:

The **Hiring Party:** (Name & Address)

(This is the name of the party by whom the Claimant was employed. If the Owner, just copy the name and address of owner in this space)

County of _____

State of Oregon

SERVICES/MATERIALS PROVIDED:

(Describe services, labor, materials, etc. provided by Claimant)

AMOUNT OF CLAIM / BALANCE DUE:

\$ _____

Lien Smarter...Get Paid

This document prepared by Express Lien, Inc.

www.expresslien.com

Notice is hereby given that the person named below claims a lien pursuant to ORS §§ 87.035.

In support of this lien the following information is submitted:

1. The Property being liened is identified above as the Property;
2. The owner or reputed owner of the Property is above-identified as the Property Owner;
3. The name and address of the party making this claim of lien is above-identified as the Claimant. The Claimant is the party who actually furnished the materials, labor, services, equipment, or other construction work for which this lien is claimed. These services and/or materials are above-described as "Services and Materials Provided." These Services and Materials Provided were furnished to the Property, and incorporated therein;
4. The Claimant was hired by the above-identified Hiring Party;
5. The "Amount of Claim/Balance Due," above-identified, is the balance due to the Claimant at the time of the filing of this Claim of Construction Lien. The "Amount of Claim/Balance Due" is a true statement of the Claimant's demand after deducting all just credits and offsets.

SIGNATURE OF CLAIMANT, AND VERIFICATION

STATE OF _____
COUNTY/PARISH OF _____

I, _____, the undersigned, being of lawful age and being first duly sworn upon oath, do state that I have read the foregoing instrument, and I have knowledge of the facts, and certify that based thereupon, upon my information and belief the foregoing is true and correct under penalty of perjury.

agent of Claimant
Signed by: _____

Sworn to and subscribed before me, undersigned Notary Public in and for the above listed State and County/Parish, on this ____ day of _____, 20____.

Notary Public