Recording Requested By:	
When Recording Mail To	-
Name Street Address	
City & State	
	CDACE ADOVE THIS I DIE FOR DECORDERS LISE

SPACE ABOVE THIS LINE FOR RECORDERS USE

RELEASE OF MECHANICS LIEN

(CA Civil Code §§ 8120-8130, 8400 et seq.)

THE UNDERSIGNED,	(use correct full name as printed on	contractor's
	REALEASES AND DISCHARGES THE MECHANICS LIEN CLAIMED B	
Claimant:AGAINST:	,	
Owner: AFFECTING PROPERTY COMMONI	LY KNOWN AS:	
Address:	AVAILABLE) IS :	
WHICH LIEN WAS RECORDED ON_	,, (date), AT THE OFFICE OF THE COU	NTY
RECORDER OF	COUNTY, AS INSTRUMENT NUMBER	•
	(Name of Individual or Company Claimant)	
	(Signature of Claimant or Authorized Agent of Clai	mant)
STATE OF CALIFORNIA	(Print Name and Title)	
COUNTY OF	On	d to me on are e/they oon behalf
	Signature	