Lecording requested by: When recorded, mail to:		
Jame:	Space above reserved for use by Recorder's Office	
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City:	Name	
state/Zip:	Address	
	City/State/Zip	
County of		
County of,		
county of	, being duly sworn, state the following:	
county ofam employed by	, being duly sworn, state the following: , whose address is	
county of, am employed by	, being duly sworn, state the following: , whose address is	
am employed by	, being duly sworn, state the following: , whose address is	
County of	, being duly sworn, state the following: , whose address is	
county of, am employed by	, being duly sworn, state the following: , whose address is	
County of	, being duly sworn, state the following:, whose address is, I have furnished labor and/or materials described as:	
County of	, being duly sworn, state the following:, whose address is, I have furnished labor and/or materials described as:	

Signature of Person Waiving	Lien		
Name of Person Waiving Lie	n		
Address of person waiving lie	en:		
On	<u>.</u>		
came before me personally ar			
ment and that he/she signed the	he above document in my p	presence.	
Notary Signature			_
Notary Public,			
In and for the County of	Stat	e of	
My commission expires:		Seal	
California residents or perso State of California should us State of California			
County of	} S.S.		
On	, before me,		
(name and title of notary),	personally appeared		,
who proved to me on the basis of sthe above instrument and ack authorized capacity. I certify foregoing is true and correct.	nowledged to me that they/under penalty of perjury un	he/she executed the der the laws of the	instrument in their/his/her
N		Se	al
Notary Signature			