RECORDING REQUESTED BY:	
When Recorded Mail Document To:	
Name:	
Address:	
City/State/Zip:	
RELEASE OF	SPACE ABOVE THIS LINE FOR RECORDER'S USE F CLAIM OF MECHANIC'S LIEN
The Mechanic's Lien claimed by against the following described real property in, State of Cali	the City of, County of fornia:
SEE EXHIBIT "A" ATTACHED HERETO ANI	D MADE A PART HEREOF
STREET ADDRESS:	
	been fully paid and satisfied, and that certain Notice of Mechanic's Lien al Records of County, California, is
Dated:	
IN WITNESS WHEREOF, the undersigned have	executed this document on the date(s) set forth below.
Signature	

Print Name

RELEASE OF CLAIM OF MECHANIC'S LIEN

(continued)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of			
County of			
On	before me,	insert name and title of the officer)	, Notary Public
	(here	insert name and title of the officer)	
personally appeared			
within instrument and acknowled	dged to me that he/she/they exe	the person(s) whose name(s) is/are ecuted the same in his/her/their authori son(s), or the entity upon behalf of wh	ized capacity(ies),
I certify under PENALTY OF PE correct.	RJURY under the laws of the Sta	ate of California that the foregoing para	agraph is true and
WITNESS my hand and official s	seal.		
		(Seal)	
Signature			