

TEMPLATE

THE IOWA STATE BAR ASSOCIATION
Official Form No. 137

FOR THE LEGAL EFFECT OF THE USE OF
THIS FORM, CONSULT YOUR LAWYER



MECHANIC'S LIEN

I, the undersigned affiant, _____ of the Claimant, being duly sworn, depose and say that the following statement is true to the best of my knowledge and belief, and is made of my personal knowledge:

On the dates set forth in the Statement of Account attached as Exhibit "A", _____, (the "Claimant") furnished material or labor for, or performed labor upon, the building or land for improvement, alteration, or repair thereof, situated upon, or being identical with the following legally described property in _____ County, Iowa (the "property"):

The items in Exhibit "A" were furnished pursuant to a contract made with the owner, owner-builder, general contractor, or subcontractor and were furnished by Claimant who is a (sub) contractor thereunder. These items were furnished beginning _____, and ending _____, at the respective dates, amounts and prices stated in Exhibit "A", which is a true and just statement of account after allowing all credits.

The name and last known mailing address of the owner of the property is: _____

The address of the property or a description of its location if it cannot be reasonably identified as an address is: _____

The tax parcel identification number is: _____.

There is now due and owing to Claimant the principal sum of \$ _____ with interest thereon at _____% per annum from _____, for which sum and interest, together with costs and attorney fees as provided by law, Claimant asserts a mechanic's lien against such building, improvement and the property.

If this claim is being made by a person who has furnished labor or materials to a subcontractor, this box must be checked for the purpose of making the following certification:

The undersigned affiant hereby certifies that within thirty days after the above referred to labor or materials were first furnished, the principal contractor was notified in writing with a one-time notice containing the below claimant's name mailing address, and telephone number and the name of the subcontractor to whom the labor or materials were furnished.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Dated _____.

, Affiant

Acting for _____, Claimant
Post office address of Claimant

VERIFICATION:

STATE OF _____, COUNTY OF _____

Signed and sworn to (or affirmed) before me on _____, by _____
_____.

_____, Notary Public