Discharge of Construction Lien Claim

TO THE RECORDING OFFICER, COUNTY OF

| 1. the Claimant whose r | name is | | | | |
|--|--|---------------------|--------------------------|---|------------|
| and whose address is | | | | | |
| by | N LIEN CLAIM against the be | - | | ne "Property") ow naterials or equipn | |
| 2. The Property is descri | bed as Lot , or , State of New Jersey. | the Tax Map of | the of | ; | , |
| 3. The lien claim was file | ed on | as No. | in Book | at Page | |
| 4. A Notice of Unpaid B Page . | alance and Right to File Lien (i | if any) was filed a | as No. | in Book | at |
| | riginal claim were recorded in E reby request and authorize the (| | nt Page ON LIEN to be | DISCHARGEE |) . |
| Date: | Signed: | | | | |
| | ame/Title: n Behalf of: | | | | |
| Note: This form must be | signed by the Claimant or the A | Attorney for the C | laimant. | | |
| | Acknowledgments (Co | omplete Applica | able One) | | |
| STATE OF I CERTIFY that on | , COUNTY OF | SS: | | | |
| personally came before m (a) was the maker of this (b) executed this instrum | | that this person (| or if more than o | one, each person) | : |
| | | Notary 1 | Public | | - |
| | | | | | |
| STATE OF , COUNTY OF SS: I CERTIFY that on | | | | | |
| (a) was the maker of this | ne and stated to my satisfaction s instrument d did execute this instrument as | - | for if more than of | one, each person) | : the |
| entity named in this instrume (c) executed this instrume | ment; and, ent as the act of the entity. | | | | |
| | | Notary I | Public | | |
| | | | | | |
| RECORD AND RETUR | RN TO: | | madison titi | LE AGENCY L.L. | C. |
| | | | | 1125 OCEAN AVENUE LAKEWOOD, NJ 08701 P:(732)905-9400 P:(732)905-9420 | |
| | | | | www.madisontitle.com | |