NOTICE OF LIEN UNDER THE CONDOMINIUM ACT UNPAID COMMON CHARGES

To the (Register) (Clerk) of the County of , (City and) State of New York and to all having interest in said Unit described below:

PLEASE TAKE NOTICE, that the Board of Managers of

Condominium, with an office at on behalf of all unit owners, as Lienor, has and claims a lien on and against the Condominium Unit bereinafter described:

Unit hereinafter describe	d:	_	•
The name and address of	of the property is:		
The Condominium Decla	ration is dated n	, and	d was recorded on .
The record owner of the	Condominium Unit is		
The Unit No. is	and is designated by tax b	olock , lot	no.
The amount of the lien is \$, ("Amount") for the following:		following:	
Date	Amount		Reason
	_		
The claim of the lien is sa	aid Amount together with in	terest thereon.	
Dated:			
	LIEN	NOR:	
		Board of Manager dominium	s of
	By:		

VERIFICATION

, being duly sworn,	deposes and say	/S
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I am fully familiar with the facts and circumstances of this matter and have read the foregoing Notice of Lien and know the contents thereof, that the same is true to my knowledge, except as to matters stated therein upon information and belief and as to those matters, I believe them to be true.

to be true.
The reason why this verification is made by the undersigned is that the undersigned is
Sworn to before me this Day of
Notary Public
INUIALY FUDIIL

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE State of New York, County of State of New York, County of , ss: . ss: in the year On the day of in the year day of before me. On the the undersigned, personally appeared before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. the individual(s) acted, executed the instrument. ACKNOWLEDGEMENT BY SUBSCRIBING WITNESS TAKEN ACKNOWLEDGEMENT TAKEN OUTSIDE NEW YORK IN NEW YORK STATE STATE *State of State of New York, County of , County of On the day of in the year , before me, *(Or insert District of Columbia, Territory, Possession or Foreign County) the undersigned, a Notary Public in and for said State, personally appeared On the day of in the year before me, the undersigned, personally appeared the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say personally known to me or proved to me on the basis of satisfactory that he/she/they reside(s) in evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on (if the place of residence is in a city, include the street and street number if any, thereof); that he/she/they know(s) the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual to be the individual described in and who executed the foregoing make such appearance before the undersigned in the instrument; that said subscribing witness was present and saw said (add the city or political subdivision and the state or country or other execute the same; and that said witness at the same time subscribed place the acknowledgement was taken). his/her/their name(s) as a witness thereto

Title No.

SECTION:

BLOCK:

I OT:

COUNTY OR TOWN:

Return by mail to:



TO

P:(732)905-9400 F: (732) 905-9420

WWW.MADISONTITLE.COM