

## **SWORN STATEMENT**

State of Michigan		
County of	}	
	, being duly sworn, states the following:	
is the (contractor)(subco	ntractor) for an improvement to the following real property in	County, Michigan
described as follows:		

The following is a statement of each subcontractor, supplier and laborer, for whom payment of wages or fringe benefits and withholdings is due but unpaid, with whom the (contractor)(subcontractor) has (contracted)(subcontracted) for performance under the contract with the owner or lessee, and the amounts due to the persons as of the date of this statement are correctly and fully set forth opposite their names:

Name Address and Phone Number of Subcontractor, Supplier or Laborer	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Balance to complete (optional)	Amount of Laborer Wages Due but unpaid	Amount of Laborer Fringe Benefits and Withholdings Due But Unpaid
Totals							

(Some columns may not be applicable to all persons listed)

The contractor has not procured materia owes no money for the improvement other than to	ial from, or subcontracted with, any person other than those s the sums set forth.*	et forth and	
represent to the owner or lessee of the property liens, or the possibility of construction liens, ex	r)(subcontractor) or as of the (contractor)(sub-covand his or her agents that the property is free from claims of except as specifically set forth in this statement and except for rided under Section 109 of the Construction Lien Act, 1980 PA	construction or claims of	
SWORN STATEMENT TO AVOID THE CLAIPROVIDED A NOTICE OF FURNISHING OR A	WNER OR LESSEE OF THE PROPERTY MAY NOT RELY IM OF A SUBCONTRACTOR, SUPPLIER OR LABORER A LABORER WHO MAY PROVIDE A NOTICE OF FURNISHII N ACT, 1980 PA 497, MCL 570.1109 TO THE DESIGNEE OF OT NAMED OR HAS DIED.	WHO HAS	
STATEMENT, THE OWNER OR LESSEE, OR RECEIPT, EITHER IN WRITING, OR BY SUPPLIER, AND LABORER WHO HAS PRONOTICE OF FURNISHING IS EXCUSED UNDE AND LABORER NAMED IN THE SWORN STA A NOTICE OF FURNISHING OR WHO IS NAM	D TO A RESIDENTIAL STRUCTURE, ON RECEIPT OF TH THE OWNER'S OR LESSEE'S DESIGNEE MUST GIVE NOT TELEPHONE, OR PERSONALLY, TO EACH SUBCON OVIDED A NOTICE OF FURNISHING UNDER SECTION 100 ER SECTION 108 OR 108A, TO EACH SUBCONTRACTOR, STEMENT. IF A SUBCONTRACTOR, SUPPLIER WHO HAS MED IN THE SWORN STATEMENT MAKES A REQUEST, THE REQUESTER A COPY OF THE SWORN STATEMENT EQUEST.	ICE OF ITS TRACTOR, 9 OR, IF A SUPPLIER, PROVIDED E OWNER,	
	Depondent Printed Name		
	Depondent Signature		
	O GIVES A FALSE SWORN STATEMENT WITH INTENT TO PROVIDED IN SECTION 110 OF THE CONSTRUCTION LIEN		
	Subscribed and sworn to before me this		
	day of,		
	Notary Public,County, Michigan		
	My Commission Expires:		

<sup>\*</sup>Materials furnished by a contractor or a subcontractor out of his or her own inventory, and which has not been purchased specifically for the purpose of performing the contract, need not be listed.

	STATE OF MICHIGAN	FULL			
		UNCONDITIONAL			
	COUNTY OF	<b>WAIVER OF LIEN</b>	DATE:		
I/WE HAVE A CONTRACT WITH (other contracting party)					
	Name	Address	City, State, Zip		

I/WE HAVE A CONTR	ACT WITH (other contracting party	y)
Name	Address	City, State, Zip
Name	Address	City, State, Zip
TO PROVIDE	1	•
FOR THE IMPROVEM	MENT TO THE PROPERTY LEGA	LLY DESCRIBED AS:
AND COMMONLY KN	OWN AS:	
	Y PAID AND SATISFIED, ALL MY/ PPERTY ARE HEREBY WAIVED A	OUR CONSTRUCTION LIEN RIGHTS AND RELEASED.
Date Signed on	Signature and Capacity of L	ien Claimant
Address	City, State, Zip	Telephone No.

WARNING: DO NOT SIGN BLANK OR INCOMPLETE FORMS. RETAIN A COPY. THIS FORM FURNISHED THROUGH THE COURTESY OF STEWART MICHIGAN.



STATE OF MICHIGAN

I/WE HAVE A CONTRACT WITH (other contracting party)

## **FULL CONDITIONAL** WAIVER OF LIEN DATE:

**COUNTY OF** 

Name	Address	City, State, Zip

Name	Address	City, State, Zip
TO PROVIDE	<u>'</u>	<u> </u>
FOR THE IMPROVEMEN	IT TO THE PROPERTY LEGAI	LLY DESCRIBED AS:
AND COMMONLY KNOW	/N AS:	
	AID AND SATISFIED, ALL MY/ RTY ARE HEREBY WAIVED A	OUR CONSTRUCTION LIEN RIGHTS
THIS WAIVER IS CONDI	TIONED ON ACTUAL PAYME	NT OF \$
Date Signed on	Signature and Capacity of L	ien Claimant

WARNING: DO NOT SIGN BLANK OR INCOMPLETE FORMS. RETAIN A COPY. THIS FORM FURNISHED THROUGH THE COURTESY OF STEWART MICHIGAN.

City, State, Zip



Telephone No.

Address