

Title Connect LLC
a title insurance agency

TC No.: _____

Draw Request No.: _____

Line No. of Sworn Statement: _____

STATE OF MICHIGAN	PARTIAL UNCONDITIONAL WAIVER OF LIEN	DATE: _____ 20 _____
COUNTY OF: _____		

MY/OUR CONTRACT WITH (other contracting party)

Name	Address	City	State	Zip
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TO PROVIDE _____

FOR THE IMPROVEMENT OF THE PROPERTY LEGALLY DESCRIBED IN TC CASE NO. _____ OR AS:

See Exhibit A Legal Description

If the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from us or if we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from us, the owner, lessee, or designee may not rely upon it without contacting us, either in writing, by telephone, or personally, to verify that it is authentic.

AND COMMONLY KNOWN AS: _____

AND HEREBY WAIVE MY/OUR CONSTRUCTION LIEN TO THE AMOUNT OF: \$ _____

FOR LABOR/MATERIALS PROVIDED THROUGH: _____ 20 _____

Date

THIS WAIVER, TOGETHER WITH ALL PREVIOUS WAIVERS, IF ANY, (CIRCLE ONE): **DOES** **DOES NOT**
COVER ALL AMOUNTS DUE TO ME/US FOR CONTRACT IMPROVEMENT PROVIDED THROUGH THE DATE SHOWN ABOVE.

	Name of Company
_____ 20 _____	BY: _____
Date signed on	Signature of Lien Claimant
	ITS: _____
	Capacity of Lien Claimant

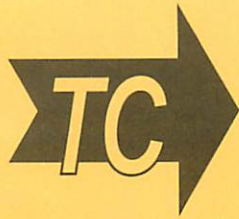
Address of Lien Claimant	City	State	Zip	Telephone No.
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WARNING: DO NOT SIGN BLANK OR INCOMPLETE FORMS. RETAIN A COPY.

The following is supplied for informational purposes only and is not in limitation or modification of the above waiver:

Initial Contract Amount	\$
Change Orders or Credits	\$
Adjusted Contract Amount	\$
Previously Paid	\$
This Payment	\$
Retention Withheld	\$
Balance to Become Due	\$

Owner of Premises or Name of Project _____



Title Connect LLC
a title insurance agency

TC No.: _____

Draw Request No.: _____

Line No. of Sworn Statement: _____

STATE OF MICHIGAN	PARTIAL CONDITIONAL WAIVER OF LIEN	DATE: _____ 20_____
COUNTY OF: _____		

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

Name	Address	City, State, Zip
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TO PROVIDE: _____

FOR THE IMPROVEMENT TO THE PROPERTY LEGALLY DESCRIBED AS:

If the owner or lessee of the property or the owner's or lessee's designee has received a notice of furnishing from us or if we are not required to provide one, and the owner, lessee, or designee has not received this waiver directly from us, the owner, lessee, or designee may not rely upon it without contacting us, either in writing, by telephone, or personally, to verify that it is authentic.

AND COMMONLY KNOWN AS: _____

AND HEREBY WAIVE MY/OUR CONSTRUCTION LIEN TO THE AMOUNT OF: \$ _____

FOR LABOR/MATERIALS PROVIDED THROUGH: _____ 20_____

Date

THIS WAIVER, TOGETHER WITH ALL PREVIOUS WAIVERS, IF ANY, (CIRCLE ONE): DOES DOES NOT COVER ALL AMOUNTS DUE TO ME/US FOR CONTRACT IMPROVEMENT PROVIDED THROUGH THE DATE SHOWN ABOVE.

_____ 20_____ BY: _____

Date signed on Signature of Lien Claimant

ITS: _____

Capacity of Lien Claimant

Address of Lien Claimant	City, State, Zip	Telephone No.
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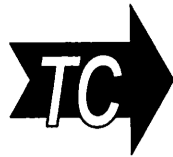
THIS WAIVER IS CONDITIONED UPON ACTUAL RECEIPT OF PAYMENT OF THE ACCOUNT SHOWN ABOVE.

WARNING: DO NOT SIGN BLANK OR INCOMPLETE FORMS. RETAIN A COPY.

The following is supplied for informational purposes only and is not in limitation or modification of the above waiver:

Initial Contract Amount	\$
Change Orders or Credits	\$
Adjusted Contract Amount	\$
Previously Paid	\$
This Payment	\$
Retention Withheld	\$
Balance to Become Due	\$

Owner of Premises or Name of Project _____



Title Connect LLC
a title insurance agency

TC No: _____

Draw Request No.: _____

STATE OF MICHIGAN	SWORN STATEMENT	DATE
COUNTY OF _____		

_____ being duly sworn deposes and says:

- 1) That _____ is the (Contractor) (Subcontractor) for an improvement to the property described on the reverse hereof.
- 2) That the following is a statement of each subcontractor and supplier and laborer, for which the 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 thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names as follows:

Name of subcontractor, supplier or laborer	Type of improvement furnished	Initial contract amount	Change orders or credits	Adjusted contract amount	Amount already paid	Amount currently owing	Balance to complete	Amount of laborer wages, fringe benefits & withholdings due but unpaid
1.								
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TOTALS								

(NOTE: Some columns are not applicable to all persons listed)

(continued on reverse side)

3) The contracts or subcontracts cited herein are for improvement to the following described real property situated in _____
_____ County, Michigan described in TC Case No. _____ or as: (insert legal description of property or attach
as Exhibit A)

Commonly known as: _____

4) That the contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.

5) Deponent further says that he or she makes the foregoing statement as the (contractor) (subcontractor) or as _____
_____ of the (contractor) (subcontractor) for the purpose of representing to the owner or lessee of the above-described premises, mortgagee, escrow agent, Title Connect, LLC, and their underwriter that the above-described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above and except for claims of construction liens by laborers which may be provided pursuant to section 109 of the Construction Lien Act, Act No. 497 of the Public Acts of 1980, as amended, being Section 570.1109 of the Michigan Compiled Laws.

WARNING: (TO OWNER): AN OWNER OR LESSEE OF THE ABOVE-DESCRIBED PROPERTY MAY NOT RELY ON THIS SWORN STATEMENT TO AVOID THE CLAIM OF A SUBCONTRACTOR, SUPPLIER, OR LABORER WHO HAS PROVIDED A NOTICE OF FURNISHING (OR A LABORER WHO MAY PROVIDE A NOTICE OF FURNISHING PURSUANT TO SECTION 109 OF THE CONSTRUCTION LIEN ACT) TO THE DESIGNEE OR TO THE OWNER OR LESSEE IF THE DESIGNEE IS NOT NAMED OR HAS DIED.

Dated _____
Signature of Deponent

WARNING TO DEPONENT: A PERSON, WHO WITH INTENT TO DEFRAUD, GIVES A FALSE SWORN STATEMENT IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED IN SECTION 110 OF THE CONSTRUCTION LIEN ACT, ACT NO 497 OF THE PUBLIC ACTS OF 1980, AS AMENDED, BEING SECTION 570.1110 OF THE MICHIGAN COMPILED LAWS.

Subscribed and sworn to before me on _____, _____ County, Michigan
Date

My commission expires: _____ Signature _____
Date Deputy Clerk/Notary Public:

INDEMNITY

Deponent hereby agrees to indemnify and hold Title Connect, LLC and their underwriter harmless against any lien, claim or suit of or by any subcontractor or supplier or other construction lien claimant if said lien, claim or suit is asserted by a claimant whose compensation for services or materials furnished was, or should have been, received whether directly or indirectly out of funds paid pursuant hereto. This indemnity includes, but is not limited to, reimbursement of all legal fees and other reasonable expenses connected with the proper defense by Title Connect, LLC and their underwriter of its insureds against claims of construction liens.

General Contractor

By: _____

Its: _____

WAIVER OF LIEN

Having been fully paid and satisfied, all my/our construction lien rights against the property described in the above sworn statement are hereby waived and released.

General Contractor

By: _____

Its: _____

Dated: _____

Document prepared by:

Name	Address	City	State	Zip

3) The contracts or subcontracts cited herein are for improvement to the following described real property situated in _____
_____ County, Michigan described in TC Case No. _____ or as: (insert legal description of property or attach
as Exhibit A)

Commonly known as: _____

4) That the contractor has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.

5) Deponent further says that he or she makes the foregoing statement as the (contractor) (subcontractor) or as _____
_____ of the (contractor) (subcontractor) for the purpose of representing to the owner or lessee of the above-described premises, mortgagee, escrow agent, Title Connect, LLC, and their underwriter that the above-described property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth above and except for claims of construction liens by laborers which may be provided pursuant to section 109 of the Construction Lien Act, Act No. 497 of the Public Acts of 1980, as amended, being Section 570.1109 of the Michigan Compiled Laws.

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Dated _____
Signature of Deponent

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Subscribed and sworn to before me on _____, _____ County, Michigan
Date

My commission expires: _____ Signature _____
Date Deputy Clerk/Notary Public:

INDEMNITY

Deponent hereby agrees to indemnify and hold Title Connect, LLC and their underwriter harmless against any lien, claim or suit of or by any subcontractor or supplier or other construction lien claimant if said lien, claim or suit is asserted by a claimant whose compensation for services or materials furnished was, or should have been, received whether directly or indirectly out of funds paid pursuant hereto. This indemnity includes, but is not limited to, reimbursement of all legal fees and other reasonable expenses connected with the proper defense by Title Connect, LLC and their underwriter of its insureds against claims of construction liens.

General Contractor

By: _____

Its: _____

WAIVER OF LIEN

Having been fully paid and satisfied, all my/our construction lien rights against the property described in the above sworn statement are hereby waived and released.

General Contractor

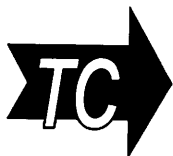
By: _____

Its: _____

Dated: _____

Document prepared by:

Name	Address	City	State	Zip



Title Connect LLC
a title insurance agency

TC No: _____

Draw Request No.: _____

STATE OF MICHIGAN	SWORN STATEMENT	DATE
COUNTY OF _____		

_____ being duly sworn deposes and says:

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