

## SWORN STATEMENT OF CONTRACTOR AND SUBCONTRACTOR TO OWNER AND TO PROPER TITLE, LLC.

| STATE OF  |                                 | Escrow No Guarantee No                                 |                              |  |  |
|---|---------------------------------|--|------------------------------|--|--|
| COUNTY OF   |                                 |  | O                            | uarantee 140   |  |
| he affiant,   | (Name), being firs              | t duly sworn, on oath depo                             | ses and says that he/she     | is   | (Position) c   |
| (Co   | mpany Name), that he/she has    | any Name), that he/she has a contract with             |                              |  |  |
|   | (type of work) on the followin  | g described premises in                                | County, State                | of, c  | ommonly known as   |
| (Si   | treet address)                  |  |                              |  |  |
| hat, for the purposes of said contract, the<br>n said improvement. That there is due and<br>complete statement of all such person | nd to become due them, respecti | vely, the amounts set oppos                            | ite their names for materia  | reparing material for, and als or labor as stated. The | d have done or are doing laborat this statement is a full tr |
| NAME AND ADDRESS  | KIND OF WORK OR<br>MATERIAL     | ADJUSTED TOTAL<br>CONTRACT (INCL.<br>EXTRAS & CREDITS) | AMOUNT<br>PREVIOUSLY<br>PAID | AMOUNT OF<br>THIS PAYMENT                              | BALANCE TO<br>BECOME DUE                                     |
|   |                                 |  |                              |  |  |
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|   |                                 |  |                              |  |  |
| TOTAL   |                                 |  |                              |  |  |
| I agree to furnish Waiver SIGNED  | of Lien for all materials       | under my contract whe                                  |                              | vorn to before me                                      | this   |
| ADDRESS   |                                 |  |                              | , 20   |  |

Notary Public