

(Top 3 inches reserved for recording data)

**MECHANIC'S LIEN STATEMENT**  
by Business Entity  
Minn. Stat. 514.08, subd. 2

Minnesota Uniform Conveyancing Blanks  
Form 40.1.2 (2011)

State of Minnesota, County of \_\_\_\_\_

DATE: \_\_\_\_\_  
(month/day/year)

**The undersigned hereby gives notice to the public and states as follows:**

1. I am acting at the instance of the Claimant, \_\_\_\_\_, a \_\_\_\_\_  
under the laws of the State of \_\_\_\_\_ as its \_\_\_\_\_,  
and have knowledge of the facts stated herein.

2. The Claimant hereby gives notice of intention to claim and hold a lien upon the real property in \_\_\_\_\_  
County, Minnesota, legally described as follows (the "**Property**"): \_\_\_\_\_

Check here if all or part of the described real property is Registered (Torrens)

3. The name and mailing address (and license number, if applicable) of the Claimant are as follows:

4. The amount of the lien claimed is \_\_\_\_\_  
\_\_\_\_\_ Dollars (\$ \_\_\_\_\_) and is due and owing to the Claimant for labor performed or skill, material, or  
machinery furnished to the Property (the "**Work**").

5. The Claimant performed or furnished the following: (insert description of Work)

6. The Work was performed or furnished from \_\_\_\_\_ to \_\_\_\_\_,  
*(insert first date of Work)* *(insert last date of Work)*  
for or to the following person(s): *(insert name of person authorizing Work)*

7. The name of the present owner of the Property (the "Owner"), according to the best information Claimant now has, is:

8. The Claimant acknowledges that a copy of this statement must be served personally or by certified mail on the Owner, the authorized agent of the Owner, or the person who authorized the Work within one hundred twenty (120) days of doing the last Work.

9. Notice as required by Minn. Stat. 514.011, subd. 2, if any, was given.

\_\_\_\_\_  
*(signature)*

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_  
*(month/day/year)*

\_\_\_\_\_  
*(insert name of person making statement)*

(Stamp)

\_\_\_\_\_  
*(signature of notarial officer)*

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
*(month/day/year)*

THIS INSTRUMENT WAS DRAFTED BY:  
*(insert name and address)*