

**CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT-THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY**

**KNOW ALL MEN BY THESE PRESENTS,**

That

having a principal place of business [or residing] at \_\_\_\_\_ ("Lienor"),

City of \_\_\_\_\_, County of \_\_\_\_\_, State of New York,

**DOES HEREBY CERTIFY** that the mechanic's lien described below ("Lien") is paid in full and the undersigned does hereby consent that the same be discharged of record.

The Lien intended to be discharged hereby was created by a certain notice of lien, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and filed by the Lienor on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the office of the Clerk of the County of \_\_\_\_\_ in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), against the interest of \_\_\_\_\_, and encumbering the real property known as \_\_\_\_\_,

City of \_\_\_\_\_, County of \_\_\_\_\_, State of New York.

The real property affected by this Certificate of Satisfaction is designated as District \_\_\_\_\_, Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_ on the land map of County \_\_\_\_\_.

The Lien has not been assigned.

Dated \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NAME OF LIENOR  
TITLE



**TO BE USED ONLY WHEN THE ACKNOWLEDGMENT IS MADE IN NEW YORK STATE**

State of New York, County of \_\_\_\_\_, ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_,

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 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) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(signature and office of individual taking proof)

State of New York, County of \_\_\_\_\_, ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_,

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 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) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(signature and office of individual taking proof)

**TO BE USED ONLY WHEN THE ACKNOWLEDGMENT IS MADE OUTSIDE NEW YORK STATE**

State (or District of Columbia, Territory, or Foreign Country) of \_\_\_\_\_ ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, 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 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) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in the \_\_\_\_\_.

(insert the city or other political subdivision and the state or country or other place the acknowledgment was taken)

\_\_\_\_\_  
(signature and office of individual taking acknowledgment)

**SATISFACTION OF MECHANICS LIEN**

TITLE NO.:

TO

DISTRICT:  
SECTION:  
BLOCK:  
LOT:  
PREMISES:  
COUNTY:

RECORD AND RETURN TO:



201 Old Country Road, Suite 200, Melville, NY 11747  
 631.424.6100 • 800.285.1551 • Fax: 631.424.6049  
 245 Park Avenue, New York, NY 10167 • 212.672.1960  
 www.advantagetitle.com

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Empty rectangular box for recording and return information.

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE