## NOTICE OF LIEN UNDER THE CONDOMINIUM ACT UNPAID COMMON CHARGES

To the (Register) (Clerk) of the County of , (City and) State of New York and to all having interest in said Unit described below:

## PLEASE TAKE NOTICE, that the Board of Managers of

Condominium, with an office at

on behalf of all unit owners, as Lienor, has and claims a lien on and against the Condominium Unit hereinafter described:

The name and address of the property is:

The Condominium Declaration is dated in		, an	, and was recorded on .	
The record owner of the	Condominium Unit is			
The Unit No. is	and is designated by tax bl	ock , lot	, lot no.	
The amount of the lien is	, ("Amount") for the following:		following:	
Date	Amount		Reason	

The claim of the lien is said Amount together with interest thereon.

Dated:

LIENOR:

The Board of Managers of Condominium

Ву: \_\_\_\_\_

## VERIFICATION

, being duly sworn, deposes and says:

I am fully familiar with the facts and circumstances of this matter and have read the foregoing Notice of Lien and know the contents thereof, that the same is true to my knowledge, except as to matters stated therein upon information and belief and as to those matters, I believe them to be true.

The reason why this verification is made by the undersigned is that the undersigned is

Sworn to before me this Day of

Notary Public

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE	ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE		
State of New York, County of , ss:	State of New York, County of , ss:		
On the day of in the year , before me, the undersigned, personally appeared	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.	, 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.		
ACKNOWLEDGEMENT BY SUBSCRIBING WITNESS TAKEN IN NEW YORK STATE	ACKNOWLEDGEMENT TAKEN OUTSIDE NEW YORK STATE		
State of New York, County of , ss:	*State of , County of , ss:		
On the day of in the year , before me, the undersigned, a Notary Public in and for said State, personally appeared , the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in (if the place of residence is in a city, include the street and street number if any, thereof); that he/she/they know(s) to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto	*(Or insert District of Columbia, Territory, Possession or Foreign County) 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), 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 make such appearance before the undersigned in the (add the city or political subdivision and the state or country or other place the acknowledgement was taken).		

Title No.

SECTION: BLOCK: LOT: COUNTY OR TOWN:

Return by mail to:



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1125 OCEAN AVENUE LAKEWOOD, NJ 08701 P:(732)905-9400 f: (732)905-9420 WWW.MADISONTITLE.COM