

## Lien Information Sheet

Claimant's Name: \_\_\_\_\_ A YX]W]X' . \_\_\_\_\_

1. Street address of lien property \_\_\_\_\_

2. Spouse \_\_\_\_\_ Living? \_\_\_\_\_

Address \_\_\_\_\_ Lien Property? \_\_\_\_\_

3. Does claimant have a child who is blind, disabled or under 21?

Yes                      No

If yes, specify which \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

SAMPLE ONLY

4. Names, addresses of children not named in (3). Specify (D) if deceased.

Name	Street Address	City, State, Zip
------	----------------	------------------


5. List children of claimant's deceased children with complete address. Specify parent.


6. List names of brothers/sisters of claimant. Specify (D) if deceased. Give complete address.


- over -

7. Give names and complete addresses of children of claimant's deceased brothers/sisters. Specify parent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List names, addresses of co-owners of property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Ownership interest of claimant. \_\_\_\_\_

10. List other liens, judgments, mortgages, encumbrances, against property. Give holder, date taken, and balance owed.

**SAMPLE ONLY**

11. Does claimant have a will?      Yes      No  
(If yes, answer 12 - 13)

12. Give names and addresses of heirs to property named in will.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Give name and address of executor/administrator named in will.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form      Address \_\_\_\_\_

Date \_\_\_\_\_      Phone \_\_\_\_\_