## 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:					
<b>PLEASE TAKE NOTI</b> Condominium, with ar on behalf of all unit ov Unit hereinafter descri	n office at vners, as Lienor, ha				
The name and addres	ss of the property i	S:			
The Condominium Dea	claration is dated in (Liber ).	, Page	) (CRFN N	, and was record lo.	ded on )
The record owner of t	he Condominium U	nit is			
The Unit No. is	d by tax block		, lot no.		
The amount of the lie	, ("Amount") for the following:				
Date		Amount		Reason	
The claim of the lien is	s said Amount toge	ther with intere	est thereon.		
		LIENOR:			
		The Board Condominiu	of Managers m	of	
		Dve			

## **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.

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

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

**RETURN BY MAIL TO:** 

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE

ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE

Title No.

To: