20170818000300580 08/18/2017 12:15:36 PM MECHLIEN 1/3

Document prepared by interactive software through information provided by: Katie Reagin

SPACE ABOVE FOR RECORDER'S USE

Please Return To:
Total Fire Protection
c/o Mail Center
14525 SW Millikan Way, #7790
Beaverton, Oregon 97005-2343
Signed by Authorized Agent: Thomas Travis
763670

STATEMENT OF MECHANICS LIEN

STATE OF ALABAMA
COUNTY OF Shelby County

Claimant:

Total Fire Protection 141 Regency Park Dr Alabaster, Alabama 35007 Telephone: 205-621-6381 The party who hired the Claimant to perform the Services at the Property is ("Hiring Party"):

Kenneth Carter 166 Salters Path Montevallo, Alabama 35115

Property Owner:

JONATHAN C & ADRIAN C FINLEY FINLEY ADRIAN C 620 WYNLAKE CV Alabaster, AL 35007

IMPORTANT INFORMATION ON FOLLOWING PAGE

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Services, labor, materials, equipment and/or work provided by the Lienor ("Services"):

Installation of Fire Sprinklers as an Alternative Method of Compliance in the Garage Area per City Requirements.

Property to be Liened: (the "Property"): 620 Wynlake Cove Alabaster, Alabama 35007 County: Shelby County

Property located at the municipal address of 620 WYNLAKE CV, ALABASTER AL 35007., In the county of SHELBY, AL., APN 23-8-27-0-000-001-065., Municipality / Township of ALABASTER., Township/Range/Section 21-3W-27., Census Tract 306.04., In the Subdivision of WYNLAKE PH 4 C., Legal Lot 88., In the school district of 2., As described in the document recorded in SHELBY, AL County on 05/03/2017 as recording number 153740.

AMOUNT OF CLAIM: \$1,924.00

The **CLAIMANT** files this Statement in writing, verified by the oath of its disclosed agent, zlien, who has been informed of the facts herein stated, and who believes, upon such information, that the facts set forth in this statement are true in correct; specifically that:

The CLAIMANT urnished the labor and/or materials above-described and identified as the SERVICES to the above-identified PROPERTY, where they were used in the construction of an improvement and/or structure thereupon, and claims a lien upon the above-identified PROPERTY. This lien is claimed, separately and severally, as to both the buildings and improvements thereon, and the said land;

The said lien is claimed to secure an indebtedness of \$1,924.00. This **AMOUNT OF CLAIM** is true and correct, and is now due and owing to the **CLAIMANT** after allowing all credits, payments and offsets. The name of the owner or proprietor of the said property is above-identified as the **PROPERTY OWNER**.

IMPORTANT INFORMATION AND SIGNATURE ON FOLLOWING PAGE

The **CLAIMANT** files this Statement in writing, verified by the oath of its disclosed agent, zlien, who has been informed of the facts herein stated, and who believes, upon such information, that the facts set forth in this statement are true in correct; specifically that:

The CLAIMANT urnished the labor and/or materials above-described and identified as the SERVICES to the above-identified PROPERTY, where they were used in the construction of an improvement and/or structure thereupon, and claims a lien upon the above-identified PROPERTY. This lien is claimed, separately and severally, as to both the buildings and improvements thereon, and the said land;

The said lien is claimed to secure an indebtedness of \$1,924.00. This **AMOUNT OF CLAIM** is true and correct, and is now due and owing to the **CLAIMANT** after allowing all credits, payments and offsets. The name of the owner or proprietor of the said property is above-identified as the **PROPERTY OWNER**.

Signature of Claimant, and Verification

State of	LOVISIANA
County of	ORVEANS

I, Thomas Travis, the undersigned, being of lawful age and being first duly sworn upon oath, do state that I am the authorized, limited and disclosed agent of the Claimant named herein, appointed for the purposes of filing this Notice of Claim of Lien, and that I have read the foregoing Notice of Claim of Lien, know the contents thereof, and as an agent appointed by the Claimant to sign the instrument I have been provided and thereby have knowledge of the facts, and certify that based thereupon, upon my information and belief the foregoing is true and correct, and that I believe them to be true.

Claimant, Total Fire Protection

Signed by Authorized and Disclosed Agent

Print Name: Thomas Travis Dated: August 16, 2017

NATHAN L. BUDDE
NOTARY PUBLIC
STATE OF LOUISIANA
LOUISIANA BAR NO. 32103
My Commission is for Life.

Sworn to and subscribed before me, undersigned Notary Public in and for the above listed State and County/Parish, on this August 16, 2017, by Thomas Travis, who is known to me, or satisfactorily proved to me, to be the person whose name is subscribed to this document, and who acknowledged that he/she executed this document in the capacity indicated for the principal named.

Notary Public

AHNI

Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
08/18/2017 12:15:36 PM
\$21.00 CHERRY

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July 3