



CONDITIONAL FINAL WAIVER AND RELEASE OF LIEN

The undersigned, in order to induce payment for Invoice # / Draw # _____ / _____ in the amount of \$ _____ to be paid by Jim Macon Building Contractor, Inc., on the account of labor performed and materials furnished for the improvement of the following described premises hereinafter referred to as "the project":

PROJECT NAME: _____ MB PROJECT #: _____

PROJECT ADDRESS: _____

The undersigned warrants that he/it has the right to execute this Conditional Final Waiver and Release of Lien. He/it warrants further that all laborers employed by the undersigned and all materials and supplies furnished by others to him/it in connection with the construction of the project have been fully paid and that no security agreement has been executed by him/it covering any part of the project.

The undersigned does hereby release or waiver any lien, rights or claims which he/it may have for labor performed of materials furnished by it for the project prior to the date of this instrument. Notwithstanding, the undersigned does not release or waive any lien, rights or claims which he/it may acquire for labor performed or materials furnished by it for the project after the date of this instrument.

Further, the undersigned agrees to indemnify and hold the Owner and the Title Insurance Company issuing insurance with respect to the project harmless from any and all loss, cost, damage and expense of every kind, including attorneys fees, which said Owner or Title Insurance Company might suffer directly or indirectly on account of any liens or claims asserted by the undersigned for labor performed or materials furnished by it for the project prior to the date of this instrument.

SIGN AND SEALED THIS _____ day of _____, _____.

VENDOR / SUBCONTRACTOR NAME: _____

VENDOR / SUBCONTRACTOR ADDRESS: _____

(NAME) | _____ | _____
(TITLE) | (SIGNATURE)

Sworn to and subscribed before me this _____ day of _____, _____.

(NOTARY PUBLIC) My commission expires: _____ / _____ / _____.

^ NOTARY STAMP ^



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