

State of Alaska

Recording District of _____

**6-MONTH EXTENSION NOTICE OF CLAIM OF LIEN
A.S. §34.35.080(A)(2)**

Claimant

Name: _____

Address: _____

Pursuant to A.S. §34.35.080(A)(2), the claimant hereby submits this Extension Notice to extend the following Claim of Lien recorded on ____/____/20____ at

Book/Page/Instrument Number _____.

Property Owner or Reputed Owner:

Name: _____

Address: _____

For Work Performed At:

Address: _____

Legal Property Description:

The Balance Owing is: \$_____.

SIGNATURE ON THE FOLLOWING PAGE

Verification

STATE OF _____

COUNTY OF _____

I, the Claimant and 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 Extension Notice, and that I have read the foregoing Extension Notice, 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.

Signature

Claimant: _____

Signed by Authorized and Disclosed Agent

Print Name: _____

Dated: ____/____/20____.

Sworn to and subscribed before me, undersigned Notary Public in and for the above listed State and County/Parish, on this ____/____/20____, by

_____, 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, and Verified that he/she upon knowledge and belief believes the facts contained therein to be true.

Notary Public