





FINAL WAIVER OF LIENS AND CLAIMS, AFFIDAVIT OF PAYMENT, AND INDEMNITY

For and in consider	deration of the sum of	f \$		(the "Final I	Payment"), and other good and valuable consid	eration,
the sufficiency of which is	s hereby acknowledge	ed, being paid by Oster			or") and/or one of its subcontractors to	
			(";	Subcontractor" c	or "Lower-Tier Subcontractor"), which sum repre	sents
the total amount due and	payable to Subcontra	actor or Lower-Tier Sub	ocontract	tor for all work p	erformed and materials and services furnished	in
furtherance of the constru	uction improvement p	roject known generally	as the _		Project I County, Ohio (the "Project") which project I	ocated
at		,			County, Ohio (the "Project") which pr	emises
are further known as JOE	3#				, Subcontractor o	or
					or attested account claims, rights of mechanic's	
					ses of action, and other claims of whatever natu	
					tor's payment bond surety, or any person or en	
					it is drawn. Subcontractor or Lower-Tier Subco	
					work, labor, materials, equipment, tools and se	
					accrued interest, fringe benefits, union dues, an	
					wer-Tier Subcontractor for such work, services	
		including without limita	ition the	Project owner(s), the Contractor, the Project, Contractor's payn	nent
bond surety, or any Proje	ct iessee(s).					
Cubcontractor o	Lower Tier Cubsent	castar furthar rapragant	o ond we	erranta that it ha	s paid all of its laborers, subcontractors, vendor	
					is paid all of its laborers, subcontractors, vertuor and exclusively to the payment of the persons or	
					ect to fully and completely resolve all of Subcon	
					tor agrees to defend, indemnify and hold the Co	
					es of action of every kind or nature that may be	
					recover sums due for labor, materials or equipn	
					ds that the representations and warranties in thi	
					tor or Subcontractor's payment to Lower-Tier	5
Subcontractor.	inductrient to contin	actor o release or r mar	i dyilloli	it to oubcontract	tor or outcommunity a payment to Lower Tier	
oub oon a doton						
DATE:	, 20					
By:						
		lts:				
State of County of)) SS:					
) SS:					
County of)					
					y hereof who signed the same in my presence,	and who
					his/her free act and deed on behalf of	
			, tnis	uay or	, ZU	
					Notary Public	_
					i total y i abilo	