Prepared by, recording requested by and return to:

_____

_____

Space above this line for recorder's use only

CLAIM OF LIEN

Miss. Code Ann. § 85-7-405

STATE OF

MISSISSIPPI

COUNTY OF

_____

Claimant / Lienor	_____
Owner	_____
Amount claimed	$_____
Parcel Number	_____

_____, a person having a right to a lien under Section 85-7-403, claims a lien in the amount of $_____ on the building or structure and the premises or real estate on which it is erected or built, of _____, described as follows:

_____

Legal description: _____

Parcel Number: _____

for satisfaction of a claim which became due on _____ (the last date the labor, services or materials were supplied to the premises) for the following work performed or labor, services or materials provided :

_____

Contract amount (agreed price or reasonable value of the labor and materials) $ _____

Less payments received $ _____

Amount claimed, after deducting all just credits and offsets $ _____

THIS CLAIM OF LIEN EXPIRES AND IS VOID ONE HUNDRED EIGHTY (180) DAYS FROM THE DATE OF FILING OF THE CLAIM OF LIEN IF A PAYMENT ACTION IS NOT FILED IN THAT TIME PERIOD.

NOTICE TO OWNER OF PROPERTY: You have the right to contest this claim of lien pursuant to Mississippi law.

CLAIMANT:

_____ _____

By (signature) Date

_____ _____

Printed name Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, authorized representative, who is personally known to me or who produced _____ as identification.

_____ _____

Notary Public (signature) My commission expires

_____

Notary's printed or typed name (Notary seal)