|  |  |
| --- | --- |
| ­­Instrument Prepared ByAnd Recording Requested By |  |

*Space above this line for recorder’s use only*

**CLAIM OF LIEN**

STATE OF MISSISSIPPI

COUNTY OF [COUNTY NAME]

[CLAIMANT NAME], a mechanic, contractor, subcontractor, materialman, machinist, manufacturer, registered architect, registered forester, registered land surveyor, registered professional engineer, or other person (as the case may be) claims a lien in the amount of $[LIEN AMOUNT]on the building, structure, house, factory, mill, machinery, or railroad (as the case may be) and the premises or real estate on which it is erected or built of [PROPERTY OWNER NAME], [LEGAL DESCRIPTION OF PROPERTY], for satisfaction of a claim which became due on [DATE CLAIM WAS DUE] for work performed or labor, services provided (or whatever the claim maybe).

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 BY THE CLAIMANT WITHIN THAT TIME PERIOD.

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

**Claimant Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [MM/DD/YYYY]

Claimant Printed Name: [CLAIMANT PRINTED NAME]

**PROOF OF SERVICE**

I, [SERVER NAME] (the “Server”), served a copy of the Mechanic’s Lien in the following manner:

Owner or Purported Owner Name: [RECIPIENT NAME] (the “Recipient”)

Address: [RECIPIENT ADDRESS]

Date of Service: [MM/DD/YYYY] Time: [HH:MM] [ ]  AM [ ]  PM

TheRecipient received the documents by: (check one)

[ ]  - **Mail.** The Server sent the documents in the mail via: (check one)

[ ]  Standard Mail

[ ]  Certified Mail

[ ]  FedEx

[ ]  UPS

[ ]  Other: [OTHER MAIL TYPE].

[ ]  - **Direct Service.** The Server handed the documents to a person identified as the

Recipient.

[ ]  - **Someone at the Residence/Workspace.** The Server handed the documents to

a person who identified as living/working at the residence/workspace and stated their name is: [RECIPIENT NAME].

[ ]  - **Left at the Residence/Workspace.** The Server left the documents in the following

area: [DESCRIBE DROP-OFF LOCATION].

[ ]  - **Recipient Rejected Delivery.** The Server delivered the documents to the Recipient

in person and the Recipient did not accept delivery.

[ ]  - **Other:** [OTHER DELIVERY METHOD].

I declare under penalty of perjury under the laws located in this State that the foregoing is true and correct.

**Server’s Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [SERVER NAME]