

**AFFIDAVIT OF NONPAYMENT**

STATE OF MISSISSIPPI  
COUNTY OF [COUNTY]

**THIS INSTRUMENT PREPARED BY, RETURN TO:**  
[PREPARER]

**INDEXING INSTRUCTIONS:**

[PROPERTY DESCRIPTION/ADDRESS]

**LIEN CLAIMANT:**

[NAME OF CLAIMANT]

**OWNER:**

[NAME OF OWNER]

This instrument is to be filed in the Construction Lien Book

**AFFIDAVIT OF NONPAYMENT**

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED mechanic and/or materialman has been employed by \_\_\_\_\_ [name of contractor] to furnish \_\_\_\_\_ [describe materials and/or labor] for the construction of improvements known as \_\_\_\_\_ [title of the project or building] which is located in the city of \_\_\_\_\_, county of \_\_\_\_\_, and is owned by \_\_\_\_\_ [name of owner] and more particularly described as follows:

[Describe the property upon which the improvements were made by using either a metes and bounds description, the land lot district, block and lot number, or street address of the project.]

Pursuant to Miss. Code Ann. § 85-7-419 the undersigned executed a lien waiver and release with respect to this property dated \_\_\_\_\_, \_\_\_\_\_. The amount set forth in the waiver and release [\$\_\_\_\_\_\_] has not been paid, and the undersigned hereby gives notice of the nonpayment pursuant to Miss. Code Ann. § 85-7-419(5)(b)(iii) .

The above facts are sworn true and correct by the undersigned, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

LIEN CLAIMANT,

\_\_\_\_\_  
[SIGNATURE]

By: \_\_\_\_\_  
[PRINT NAME]

Its: \_\_\_\_\_  
[TITLE]

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
  
\_\_\_\_\_

**WITHIN TWO [2] DAYS OF FILING THIS AFFIDAVIT OF NONPAYMENT, THE FILING PARTY SHALL SEND A COPY OF THE AFFIDAVIT BY REGISTERED OR CERTIFIED MAIL OR STATUTORY OVERNIGHT DELIVERY TO THE OWNER OF THE PROPERTY. WHENEVER THE OWNER OF THE PROPERTY IS AN ENTITY ON FILE WITH THE SECRETARY OF STATE'S OFFICE, SENDING A COPY OF THE AFFIDAVIT TO THE COMPANY'S ADDRESS OR THE REGISTERED AGENT'S ADDRESS ON FILE WITH THE SECRETARY OF STATE SHALL BE DEEMED SUFFICIENT.**