

Prepared and sent by:  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**NOTICE OF CLAIM OF LIEN UPON FUNDS BY  
SUBCONTRACTOR MORE REMOTE THAN THE THIRD TIER**  
N.C.G.S. 44A-19(c)

**Name and address of the party claiming  
the lien upon funds:**

**General Description of the real property  
improved:**

Street address, tax lot and block number, reference to  
recorded instrument, or any other description of real  
property is sufficient, if it reasonably identifies what is  
described.

**Name and address of the party holding  
funds against which this lien upon funds  
is claimed:**

**General Description of claimant's  
contract, including the names of the  
parties to the contract:**

**Amount of lien upon funds claimed by  
the lien claimant under the contract:**

\$ \_\_\_\_\_

**The undersigned lien claimant gives this notice of claim of lien upon funds pursuant  
to North Carolina law and claims all rights of subrogation to which he is entitled  
under Part 2 of Chapter 44A of the General Statutes of North Carolina.**

Signed this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Agent for the Claimant  
Signed by: \_\_\_\_\_  
Title: \_\_\_\_\_

**PROOF OF SERVICE AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, deposes and says that I am over the age of 18 years old, that this affidavit is made upon my own personal knowledge, and that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the attached Notice of Claim of Lien Upon Funds to the following party at these stated addresses:

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

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

I served the attached document:

[ ] By personally delivering the notice to the identified parties;

[ ] By First Class Certified or Registered Mail service, return receipt requested, postage prepaid.

Sworn to and subscribed before me, undersigned  
Notary Public, on the date signed, as indicated to  
the right:

\_\_\_\_\_  
Notary Public

Signed this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Agent for the Claimant  
Signed by: \_\_\_\_\_  
Title: \_\_\_\_\_