LIEN COVER LETTER

TO: Jefferson County Auditor POB 563 Port Townsend, WA 98368

Please record the attached lien in your county. Bill our agency for any required charges at the address listed below. Thank you.

Date

Authorized Representative

If you have questions, contact:

When Recorded Return To:

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S INDEXING FORM

Document Title(s) (or transactions contained therein):

- 1.
- 2.

Grantor(s) (Last name first, then first name and initials)

- 1.
- 2.

Grantee(s) (Last name first, then first name and initials)

1.

2.

Legal Description (abbreviated: i.e., lot, block, plat or section, township, range)

Assessor's Property Tax Parcel or Account Number:

Reference Number(s) of Documents Assigned or Released:

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S INDEXING FORM (06/1999)

NOTICE OF	OMB Control #: 0970-0153 OBLIGOR:
TO:	Name
	Social Security Number
	Alias
	Alias Social Security Number
FROM:	Alias
	Alias Social Security Number
	Date of Birth
	OBLIGEE:
	Name
Claimant's Case #:	
This lien results from a child support order, entered	on
by in This of child support in the amount of \$	rder requires the above-named obligor to pay per
As of, the obligor owes unp \$, and this lien amount is s	
Prospective amounts of child support, not paid when amount. This lien attaches to all non-exempt real ar obligor, which is located or recorded within the state including any property specifically described below.	n due, are judgments and accrue to the lien nd personal property of the above-named /county/other subdivision of the state of filing,
Specific description	on of property:

DSHS 09-862 (11/1997)

NOTICE OF LIEN 1 of 2

For use by lien recorder

The priority and enforcement of this lien are governed by the law of the state where the property is located. An obligor must follow the laws and procedures of the state where the property is located or recorded to contest or challenge this lien. This lien remains in effect until released by the claimant or in accordance with the laws of the state of filing.

NOTE TO LIEN RECORDER: Please provide the claimant with a copy of the filed lien, containing the recording information, at the address provided on page 1.

Check either "A" or "B":

A. X Issued by a IV-D agency/office

As an authorized agent of a state, or subdivision of a state, responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 U.S.C. 651 et seq.), I have authority to file this child support lien in any state, or U.S. Territory. For additional information regarding this lien, including the pay-off amount, please contact the authorized agency (claimant) at the address provided on page 1. Please reference the case number, also provided on page 1.

Date

Authorized Agent

B. Issued by a private (non-IV-D) attorney

I am an attorney representing the obligee named on page 1. I certify that this lien is issued in

accordance with the laws of the state of ______. For additional information regarding this lien, including the pay-off amount, please contact the undersigned (claimant) at the address provided on page 1.

Date	Attorney for Obligee
*********	*****
State of	
County of) SS.
I certify that known to me as the individual who signed	appeared before me and is the above.
Date	Notary Public
	My appointment expires
	this information collection unless it displays a valid OMB control number. on collection is estimated at 30 minutes. If you believe this estimate is n, please provide comment to the issuing agency.

DSHS 09-862 (11/1997)