## **LIEN COVER LETTER**

TO:	Lincoln County Auditor POB 366 Davenport, WA 99122	
Please Thank	record the attached lien in your county. Bill our agency you.	for any required charges at the address listed below.
Date		Authorized Representative
If you h	nave 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 LIEN OBLIGOR:

OMB Control #: 0970-0153

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 o child support in the amount of \$	rder requires the above-named obligor to pay per	
As of, the obligor owes unpaid support in the amount of \$, and this lien amount is subject to an interest rate of		
Prospective amounts of child support, not paid when due, are judgments and accrue to the lien amount. This lien attaches to all non-exempt real and personal property of the above-named obligor, which is located or recorded within the state/county/other subdivision of the state of filing, including any property specifically described below.		
Specific description of property:		

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 recording	de the claimant with a copy of the filed lien, containing g 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) attor	ney		
I am an attorney representing the obligee n	named on page 1. I certify that this lien is issued in		
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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 thatknown to me as the individual who signed t	appeared before me and is the above.		
Date	Notary Public		
	My appointment expires		
	wy appointment expires		

Notice: Respondents are not required to respond to this information collection unless it displays a valid OMB control number. The average burden for responding to this information collection is estimated at 30 minutes. If you believe this estimate is inaccurate, or if you have ideas to reduce this burden, please provide comment to the issuing agency.