

LIEN COVER LETTER

TO: Pend Oreille County Auditor
625 West 4th
Newport, WA 99156

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: _____

NOTICE OF LIEN

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 _____
docket number _____. This order requires the above-named obligor to pay
child support in the amount of \$ _____ 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 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. 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 _____ appeared before me and is known to me as the individual who signed the above.

Date

Notary Public

My 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.