LIEN COVER LETTER

TO:

Kitsap County Auditor

Recording and Marriage Division 614 Division Street	
Port Orchard, Washington 98366	
	ur 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 LIEN OBLIGOR:

OMB Control #: 0970-0153

TO:	Name
FROM:	Social Security Number
	Alias
	Alias Social Security Number
	Alias
	Alias Social Security Number
	Date of Birth
	OBLIGEE:
	Name
Claimant's Case #:	
This lien results from a child support order, enter	ered on
docket number	nis order requires the above-named obligor to pay per
As of, the obligor owes \$, and this lien amount	unpaid support in the amount of is subject to an interest rate of
Prospective amounts of child support, not paid amount. This lien attaches to all non-exempt re obligor, which is located or recorded within the sincluding any property specifically described bel	al and personal property of the above-named state/county/other subdivision of the state of filing.
Specific desc	cription 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. 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 appeared before me and is known to me as the individual who signed the above.		
Date Notary Public		
My appointment expires		
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.