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OMB Control #: 0970-0153

## NOTICE OF LIEN

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| 884351-  |   | dences provided un peper i   |  |  |
|  | TH COUNTY CLERK<br>AIN ST   |  | Social Security Nu   | mber   |
|  |   |  | TONY DAUGHERTY   |  |
| KLAMA  | TH FALLS OR 97601   |  | Alias  | lene.<br>Mark Charles and American (1)   |
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| ROM (Claima)   | NI: WASHINGTON STA  | TE DIVISION OF CHILD SU  | PPORT "  |  |
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| N  | MS: N17-28  |  |  |  |
| مندسة عامرة إسماحت بساوس بر  | Seattle Wa 9810   | 4-2830   |  | and the second s |
|  | (206) 341-7000  |  |  |  |
| Claimant's Cas   | Fax: 206 389-247  |  |  |  |
| Ciaimant's Cas   | e #: 864351   | र प्रकास स्टब्स के क्रा हु के ए एक है के हैं कि हा   | STORY<br>OBJECTION   |  |
| This lien results  | s from a child support ord  | er, entered on 12/01/95  |  |  |
| by SUPERIOR  | COURT OF WASHINGTON   | in wase  | INGTON/PIEPCE  |  |
|  | r <u>94-3-01951-1</u><br>of \$ 398.41   |  |  | or to pay child support  |
| n the amount   | 01 3  | per Monthly  |  | ili.<br>Baransa  |
| As of 10/31/9  | ₹8 , the oblige   | or owes unpaid support in the  | ne amount of \$  | and the second s |
| lien amount is   | subject to an interest rate   | of   |  | ATTENDED TO LANGUAGE TO A STATE OF THE STATE |
|  | (Average me and is known)   |  | aligner between the second the second control of the second contro |  |
| Prospective an<br>attaches to all  | nounts of child support, no<br>non-exempt real and person   | ot paid when due, are judgn<br>onal property of the above-   | nents and accrue to t<br>named obligor, which  | the lien amount. This iten   |
| within the state   | e/county/other subdivision  | of the state of filing, includ   | ing any property spe   | gilically described below.   |
|  |   | Specific description of pr   | operty:  | E G E I V E  |
|  |   | is above—named debtor  | 41   |  |
|  |   | THE STATE OF OREGON.   |  | NOV <b>3 0</b> 1993  |
| ا در اسمی بیاد در این  |   | ncaniancedoc Ast   | Mark   |  |
| The priority an  | d enforcement of this lien  | are governed by the law of   | the state where the  | property is located. An  |
| obligor must fo  | ollow the laws and proced   | lures of the state where the   | property is located to   | or recorded to contest or  |
| challenge this   | lien. This lien remains in el   | fect until released by the c   | aimant or in accorda   | nce with the laws of the state   |
| of filing.   | encargae grit dei   | and the second frame   |  |  |
| D5H5 09-862 (11/1997)  | MARVANIA  | MOTICE OF LIEN 1 of 2  | Children Subject Leville   | (FG REL:02/1699)<br>(2224-981023:120918)   |
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| TESTEDORG YVOT   |  | <b>"我和我们</b>   | OFF  |
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| h in Tille IV, Part D, of the Fo<br>port lien in any state, or U.S.<br>please contact the authorize  | ederal Social Security Act (<br>Territory: For additional i<br>ed agency (claimant) at the   | (42 U.S.C. 651 et seq.), I   | n 1:   |
| 44/1//1  | Col no   | 1.1  |  |
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| a round  | Authorized Agent ()  |  |  |
| on-IV-D) attorney  |  |  |  |
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| the obligee named on page  | 1. I certify that this lien I  | s issued in accordance w   | ith the  |
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|  | Attorney for Obligee   | The state of the s | IN COLUMN TO STREET PLAN   |
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| 어머니 가게 화장하는 건강한 장치를 들다   | & NEW 5 09 3   | (FG REL'02/1988)   | in the state of  |
| OF KLAMATH: ss.  |  | (2224.981023-120618)   |  |
|  |  |  |  |
|  |  |  | _  |
| Washington State 1, 19 98 at 2:05  |  |  |  |
|  | Please provide the claimant informations at the address published strong cyloffice  ate, or subdivision of a state in Title IV, Part D, of the Foort Ilen in any state, or U.S. please contact the authorizember, also provided on page in the obligee named on page in the obligee named on page in the obligee named (claimant) at the undersigned (claimant) at the obligee strong solution of the provided of the respond to this information of the issuing agency moneton of the issuing agency moneton of the issuing agency moneton of the issuing agency moneton.   | Please provide the claimant with a copy of the filed lie informations at the address provided on page 1. 8-2 plus arranged language and address provided on page 1. 8-2 plus arranged language cy/office  ate; or subdivision of a state, responsible for implement in Title IV, Part D, of the Federal Social Security Act (port lien in any state, or U.S. Territory. For additional inplease contact the authorized agency (claimant) at the object, also provided on page 1.  10 10 10 10 10 10 10 10 10 10 10 10 10 1   | Please provide the claimant with a copy of the filed lien, containing the record information at the address provided on page 1. ***PRESSOR** SELECTION AND PROPERTY OF THE ADDRESS CONTROL LIEST OF THE ADDRESS CONTROL LIE |