

DC/DA
No Fee

FILED

1 Case No. 25483

NO _____

2 Dept. II

'99 SEP 27 P2:22

RECEIVED
SEP 27 1999
DOUGLAS COUNTY
DISTRICT COURT CLERK

BARBARA REED
CLERK

BY B. WILLIAMS

6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF DOUGLAS

8 Kathie Ann Pete,

9 Plaintiff/Petitioner,

SATISFACTION OF JUDGMENT
AND RELEASE OF LIEN

10 vs.

11 Merlin Pete,

12 Defendant/Respondent /

13 PLEASE TAKE NOTICE that the plaintiff, by and through JENNIFER YTURBIDE
14 WOTMAN, DEPUTY DISTRICT ATTORNEY for Douglas County, Nevada, hereby
15 acknowledges satisfaction of that certain document entitled Default Order And Judgment
16 signed by Norman C. Robinson, District Judge, August 16, 1991 and filed in the Office of
17 the Clerk of the Ninth Judicial District Court on August 19, 1991, and subsequently filed
18 for record in the Office of the Douglas County Recorder on August 20, 1991, as document
19 number 258349, in Book 891, at Page 3390. Attached hereto as evidence is a copy of a
20 letter from the State of Washington Department of Social and Health Services Support
21 Enforcement Division (SED) acknowledging that we may close out case since Defendant
22 no longer resides in the State of Nevada and the Defendant has paid the arrears in full that
23 were owed to the State of Washington.

24 ///
25 ///
26 ///
27 ///
28 ///

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BK0999PG5273

1 THIS SATISFACTION AND RELEASE hereby releases and discharges any lien,
2 charge or encumbrance upon the real property of Merlin Pete which may or has been
3 created by the filing of that certain document entitled Default Order And Judgment
4 described herein.

5
6 Dated: 9.27.99

SCOTT W. DOYLE
DISTRICT ATTORNEY

7
8
9 By: Jennifer Yturbide Wotman
JENNIFER YTURBIDE WOTMAN
Deputy District Attorney

10
11
12 STATE OF NEVADA }
13 COUNTY OF DOUGLAS } ss.

14 On this 27th day of Sept 1997 personally appeared before me, a notary public,
15 in and for Douglas County, Jennifer Yturbide Wotman, known to me to be the person
16 whose name is subscribed to the within instrument, and acknowledged to me that she
17 subscribed her own name freely and voluntarily and for the uses and purposes therein
18 mentioned.

19
20 By: Cheryl Abrams
21 NOTARY PUBLIC, in and for said
22 County and State



AP: PETE. MERLIN AP Number: 2317485 IV-D Case #: 752147
 AR: PETE. KATHIE A AR Number: 2317486 F.O.: G Tot Pmts: 294
 Order: .00 ARR/DSHS: .00 ARR/TEMP: .00 ARR/AC: .00
 Mo/Pmt: .00 Tot Pds: 22,235.16 -Tot Disb: 21,264.16 =Retain: 971.00
 Obligi: 22,235.16 + Receivable: .00- Paid: 22,235.16 = Debt: .00

Case Type	Payment Number	Pmt Typ	Current	Arrears (DSHS)	Arrears (TEMP)	Arrears (A/C)	Recv	Total Payment
NA	071399F770368	RB	.00	.69	.00	100.79	.00	101.48
NA	041399F035130	BY	.00	223.00	.00	.00	.00	223.00
NA	040999S007267	A3	.00	.00	.00	100.00	.00	100.00
NA	030299S006060	A3	.00	.00	.00	100.00	.00	100.00
NA	020299S011516	A3	.00	.00	.00	100.00	.00	100.00
NA	010599S004408	A3	.00	.00	.00	100.00	.00	100.00
NA	120498S004221	A3	.00	.00	.00	100.00	.00	100.00
NA	110398S008946	A3	.00	.00	.00	100.00	.00	100.00
NA	100298S006135	A3	.00	.00	.00	100.00	.00	100.00
NA	090498S014581	A3	.00	.00	.00	100.00	.00	100.00
NA	080498S009442	A3	.00	.00	.00	100.00	.00	100.00
NA	070498S006616	A3	.00	.00	.00	100.00	.00	100.00

Action Codes:

Child emancipated and support debt is Paid in full.

*Val Whaley,
Support Enforcement Officer
Sept. 27, 1999*

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
SUPPORT ENFORCEMENT DIVISION (SED)

FULL COLLECTION SERVICES CLOSURE LETTER

900236

TO: 752147-0070-19980608-090236-4
DOUGLAS COUNTY DISTRICT ATTORNEY
CHILD SUPPORT ENFORCEMENT
POB 1240

RE: Merlin Pete
Preston H Pete

MINDEN NV 89423

RECEIVED
JUN 12 1998
DOUGLAS COUNTY
DISTRICT ATTORNEY

The Support Enforcement Division (SED) will no longer provide you full child support enforcement services. If you receive a public assistance grant, this action does not affect the grant. The marked paragraphs apply to your case.

1. Your support order requires the absent parent to make payments to the Washington State Support Registry (WSSR). Effective _____, SED will stop providing full support enforcement services for your case. Your order remains in WSSR for Payment Services Only. This means that SED continues to process and record payments received from the absent parent. SED sends you the payments. To avoid payment delays, please inform SED if your address changes. SED holds returned payments for 60 days. If SED does not receive a corrected address from you in that period, SED refunds the payment to the absent parent.
2. You requested in writing that SED stop your full child support enforcement services. SED stopped providing full enforcement services on _____. If you wish to receive full enforcement services at another time, you may reapply. If your dependent children receive medical assistance, SED continues to provide medical support enforcement services for these children.
3. Effective 60 days from the date on this letter, SED will stop providing full support enforcement services for you. The marked paragraphs give you the reason.
 - a. There is no current support order. Arrears are \$500 or less or are unenforceable under Washington law.
 - b. SED can no longer enforce your support order. The absent parent owes you less than \$500 arrears.
 - c. The absent parent or possible father is in a state institution or permanently disabled. SED cannot establish or collect child support.

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- m. The absent parent does not live, work, or have assets in Washington State. (If you live outside Washington State, contact your local child support enforcement agency for help.)
- n. Other: **PER YOUR REQUEST SINCE NON-CUSTODIAL PARENT NO LONGER LIVES IN YOUR JURISDICTION. NON-CUSTODIAL PARENT HAS MOVED BACK TO WASHINGTON STATE.**

The absent parent must make support payments according to the terms of your child support order. When appropriate, SED mails a copy of this letter to the absent parent's last-known address. SED continues to collect past-due child support owed to Washington or other states.

If you do not agree with SED's decision, you may ask for an adjudicative proceeding (hearing). (You must be the physical custodian of the children for whom SED is providing services or the arrears for this case must belong to you.) You must ask for an adjudicative proceeding within 60 days of the day you get this letter. To ask for an adjudicative proceeding, fill out and return page 4 of this form.

June 08, 1998

Date

W Mueller
Authorized Representative
SUPPORT ENFORCEMENT DIVISION

If you need assistance, contact:
SUPPORT ENFORCEMENT DIVISION
515 Grant Road
PO Box 2929, MS: B4-10
Wenatchee Wa 98807
(509) 886-6200
TTY/TDD services available for the speech or hearing impaired.

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.

In reply, refer to:

Case #: 752147

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STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 SUPPORT ENFORCEMENT DIVISION (SED)

If you want an adjudicative proceeding (hearing), fill out this page and send it to the Office of Appeals.

TO: DEPT. OF SOCIAL & HEALTH SVS
 OFFICE OF APPEALS
 PO BOX 2465
 OLYMPIA WA 98507-2465

RE: _____
 Your Name

 P.O. Box or Street Address

 City State Zip Code

 Telephone Number

I want to appeal SED's decision to close my case because:

My authorized representative is:

 Name Telephone Number

 Address

 City State Zip Code

 Date Your Signature

This case assigned to: **Wenatchee Office of Support Enforcement**

In reply, refer to:

Case #: 752147

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COPY

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

SEAL

DATE: September 27, 1999

D. Reed Clerk of the 9th Judicial District Court of the State of Nevada, in and for the County of Douglas,

By _____

Deputy

REQUESTED BY
DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 SEP 27 PM 4:39

LINDA SLATER
RECORDER

\$ 0 PAID 2 DEPUTY

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BK 0999 PG 5279