HE M

1 Case No. 99-PA-0012 2 Dept. I 3 4 5 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA 6 IN AND FOR THE COUNTY OF DOUGLAS 8 NEVADA STATE WELFARE DIVISION AND LATAWNIA GRANDGENETT, 9 Plaintiff, 10 AFIDAVIT OF RECORDATION vs! 11 GARY DEAN WALKER 12 Defendant. 13 14 STATE OF NEVADA 15 COUNTY OF DOUGLAS) 16 I, Lynda Caldwell, hereby swear and affirm under penalty 17 of perjury that the following assertions are true: 18 19 1. That affiant is, and at all times mentioned herein was, a 20 citizen of the State of Nevada, over the age of twenty-one 21 years, and an employee of the Douglas County District 22 Attorney's Office managing Case #567653173A. **2**3 24 2. That this affidavit and judgment is being filed pursuant to 25 NRS 17.150 and when so recorded shall become a lien upon 26 all the real property of the judgment debtor. 27 28 0491613

BK 0500 PG 1968

3. That the judgment debtor's name is GARY DEAN WALKER, whose address is 2 MCGOWAN LN, YERINGTON, NV 89447

4. That the judgment debtor's Nevada driver's license number is 373530634765.

5. That the judgment debtor's social security number is -3173.

6. That the judgment debtor's date of birth is JANUARY 21, 1965.

7. That a certified copy of the order and judgment filed on May 2, 2000, is attached.

LYNDA CALDWELL

SUBSCRIBED and SWORN to before me this and day of MAY, 2000.

Marilyn Marcolo NOTARY PUBLIC



_	FILED	
1	Case No. 99-PA-0012	RECEIVED
2	Dept. I	APR 2 7 2000
3	00 MAY -2 P4:00	DOUGLAS COUNTY DISTRICT COURT CLERK
4	TI BARBARA KEEU	^
5	CLERK & ELYMPTICATIST DEPUTY	\
6		
7	IN AND FOR THE COUNTY OF DOUGLAS	\ \
8	PETITIONER OBLIGEE	
9		7
10	NEVADA STATE WELFARE DIVISION AND LATAWNIA GRANDGENETT,	
11	vs	
12	RESPONDENT OBLIGOR,	
13	GARY DEAN WALKER,	
14		
1 5	ODDED AND HUDGMINE GONERDATING AN GEORGE OF	
16	ORDER AND JUDGMENT CONFIRMING MASTER'S FIN RECOMMENDATIONS FOR SUPPORT	IDINGS AND
17	THIS MATTER having regularly come for he	earing before
18	the Master on the 14 day of 1200 , 2	000; the
1 9	Petitioner/Obligee being ($oldsymbol{\mathcal{U}}$ present () not pres	ent; and the
- / -	Respondent/Obligor being duly served and (1) prese	, ,
21	present, and represented by NO SE; and	1. WOTMAN
2 2	of the Douglas County District Attorney's Office	ppearing and
23	representing the State of Nevada's interest in the	support and
24	welfare of the child(ren) pursuant to law. After	hearing all of
2 5	the evidence and being fully advised in the premis	es, the Master
2 6	makes the following findings and recommendations:	
27	FINDINGS OF FACT AND CONCLUSIONS OF LAW	
28	1. ($ u$) The Court has jurisdiction of the p	earties and of
	the subject matter of this case. 0491613	
	BK O 5 O O PG I	970

 	2. (The Respondent/Obligor is the parent of:
2	CODY DINES, born: 08/11/99
3	3. (The Respondent/Obligor has a duty to support the
4	above-named child;
5	4. () The Respondent/Obligor owes support arrears to
6	the Petitioner/Obligee NEVADA STATE WELFARE DIVISION in the
7	amount of \$ 4785 from Aug 1999 through
8	Morel Acoc.
9	5. () The Respondent/Obligor's Gross Monthly Income is
10	199 and $18%$ of that amount is 425 .
11	6. (The Respondent/Obligor's child support obligation
12	pursuant to NRS 125B.070, NRS 125B.080, or Existing Order is
13	$A\partial 5$ per month;
14	7. () The amount of the child support obligation
1 5	determined by the Master deviates from the NRS 125B.070
1 6	
17	percentage formula on the following grounds:
18	O = () Whis wedifies the provisional filed as registered
1 9	8. () This modifies the previously filed or registered
20	Order in Case No, entered on the day of
21	,, in the State of, County of
2 2	, Court,
2 3	IT IS FURTHER FOUND THAT: 15 10000 70
24	be the MATHER SY UNTUE OF A
2 5	POSITIVE INVIT DEST.
2 6	V
2 7	IT IS HEREBY RECOMMENDED THAT:
	1. () A judgment of support arrears is entered in favor

of the Petitioner/Obligee and against the Respondent/Obligor in 0491613

_	the amount of \$ 2785 from Apr 1999through Amol,
2	AOO, and the Respondent/Obligor is to pay \$ 25 per month
3	beginning, 2000, and also continuing each
4	and every month thereafter until paid in full.
5	2. (1) The Respondent/Obligor shall pay \$ 15 - per
6	month as and for ongoing child support, beginning Myy, 2000
7	3. (The Respondent/Obligor shall pay a total of
8	s <u>A(00</u> per month as follows:
9	CHILD SUPPORT: 475 Commencing 5/00
10	ARREARS: AS Commencing 5/00
11	
12	OTHER: 10 - Commencing 5/00
13	
14	OTHER RECOMMENDATIONS REGARDING PAYMENT: ALL PAYMENTS NOT
15	COLLECTED BY INCOME WITHHOLDING SHALL BE MADE BY MONEY ORDER OR
16	CASHIER"S CHECK. ALL SUCH PAYMENTS SHALL CONTAIN Case No.
16 17	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE
17	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO:
17 18	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE
17 18 19	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK
17 18 19 20	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105
17 18 19 20 21	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218
17 18 19 20 21 22	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423
17 18 19 20 21 22 23	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide
17 18 19 20 21 22 23 24	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide the providence of the provi
17 18 19 20 21 22 23 24 25	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide the dealth insurance coverage at this time because the Petitioner/ Obligee has not requested/has specifically waived medical
17 18 19 20 21 22 23 24 25 26	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide the nealth insurance coverage at this time because the Petitioner/ Obligee has not requested/has specifically waived medical enforcement services in this case.
17 18 19 20 21 22 23 24 25 26 27	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide health insurance coverage at this time because the Petitioner/Obligee has not requested/has specifically waived medical enforcement services in this case. 5. () The Respondent/Obligor shall provide health
17 18 19 20 21 22 23 24 25 26	990151 (GARY DEAN WALKER). ALL SUCH PAYMENTS SHALL BE PAYABLE, AND MUST BE DELIVERED BY THE RESPONDENT/OBLIGOR TO: DOUGLAS COUNTY CLERK OLD MINDEN INN 1594 ESMERALDA AVENUE, SUITE 105 P.O. BOX 218 MINDEN, NV 89423 4. () The Respondent/Obligor is not required to provide health insurance coverage at this time because the Petitioner/ Obligee has not requested/has specifically waived medical enforcement services in this case. 5. () The Respondent/Obligor shall provide health insurance coverage for the child(ren) when available through

assistance to enable the Petitioner/Obligee to obtain the medical benefits offered by the policy of insurance.

- 6. (Pursuant to NRS 125B.080.7, expenses for health care which are not reimbursed through insurance, including expenses for medical, surgical, dental, orthodontic and optical expenses, must be borne equally by both parents in the absence of extraordinary circumstances.
- 7. (The Respondent/Obligor shall notify the Douglas County District Attorney's Office, Child Support Division, at 782-9881, of any change of address, employment or change in the availability of health insurance coverage within ten (10) days of such change.
- 8. (THIS IS AN INCOME WITHHOLDING ORDER. A mandatory wage withholding shall be initiated against the Respondent/Obligor's wages or commissions. This does not preclude the use of other means to collect any arrears or enforce this order, including garnishment, liens, attachments, execution on real or personal property or interception of Federal Income tax refunds.
 - 9. () GOOD CAUSE BEING FOUND BY THE COURT:

said wage withholding shall be postponed until such time as the Respondent/Obligor becomes (30) days delinquent in payment. NO CREDIT WILL BE GIVEN FOR PAYMENTS NOT MADE BY WAGE/INCOME WITHHOLDING OR DIRECTLY THROUGH THE OFFICE OF THE DISTRICT ATTORNEY OR OTHER CHILD SUPPORT ENFORCEMENT AGENCY.

10. (\checkmark) Pursuant to NRS 125B.145, this order must be reviewed every three years, upon the request of either party, 0491613

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per month toward satisfaction of then existing child support arrearages.

- 19. (XX) Pursuant to NRS 125.510, Defendant's ongoing child support shall continue until the minor child/ren reach the age of 18 years, if he or she is no longer enrolled in high school, otherwise, when he or she reaches the age of 19 years.
- 20. (XX) In accordance with 125B.055, Plaintiff and Defendant shall file with the Court and with the District Attorney's Office their social security number, residential and mailing addresses, telephone number, driver's license number, and the name, address and telephone number of their employer.

IT IS FURTHER RECOMMENDED THAT:

There will be a pravoial review in Comon this (Oct. ADD)

IT IS SO RECOMMENDED.

Dated this

M/ 2000.

MASTER

WOTICE

Objections/appeals to this recommendation are governed in part by NRS 425.3844. You have ten (10) days from receipt of this recommendation to file an appeal.

If this recommendation is governed by the "Review and Adjustment" guidelines of Federal Regulations. You have thirty (30) days from receipt of this recommendation to file an appeal.

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2	FAILURE TO FILE AN APPEAL AND SERVE WRITTEN OBJECTIONS TO		
3	THIS RECOMMENDATION WITHIN THE APPROPRIATE TIME LIMITS WILL		
	RESULT IN A FINAL JUDGMENT ORDERED BY THE DISTRICT COURT AGAINST		
4	YOU.		
5			
6			
7	I acknowledge that I have received a copy of the Master's		
1	recommendations. Date: 4// Signature:		
8			
9			
10	ORDER		
	THE COURT HAVING REVIEWED THE PLEADINGS AND PAPERS ON FILE		
11	AND THE MASTER'S RECOMMENDATIONS, AND NO TIMELY OBJECTIONS		
12			
13	HAVING BEEN FILED,		
14	IT IS HEREBY ORDERED: that the Master's Recommendations be		
	and hereby are affirmed and adopted by the Court and Judgment is		
1 5	entered accordingly.		
1 6			
17	David & Branch		
18			
	DATED: DISTRICT COURT JUDGE		
1 9	DISTRICT COURT JUDGE		
20			
21			
22			
23			
24	CERTIFIED COPY e document to which this certificate is attached is a		
25	I, true and correct copy of the original on file and of		
re 26	dord tirally office.		
D	TE: DOUGLAS CO., NEVADA		
27 of	The State of Nevada, In and for the County of Douglas, 2000 MAY -8 PM 4: 16		
28 B	Deputy LINDA SLATER RECORDER		
	BK 0570 OPG 1976 S PAID DEPUTY		