

# NOTICE OF LIEN

**TO:** DOUGLAS COUNTY-JUDICIAL BLDG  
1625 8TH STREET  
P.O. BOX 218  
MINDEN, NV 89423  
CLERK: BARBARA REED

**Obligor:** ROBERT E. BERKBIGLER  
P. O. BOX 3176  
(Name/dob/ssn)STATELINE , NV 89449-3176

**DOB:** 08/02/60      **SSN:** ██████████ 4579

✓ **FROM RIVERSIDE COUNTY**  
**(Claimant): DEPARTMENT OF CHILD SUPPORT SERVICES**  
2041 IOWA AVENUE  
RIVERSIDE , CA 92507

**Obligee:** SUSAN M. BERKBIGLER  
(Name)

**Claimant's Case #:** C 000356431

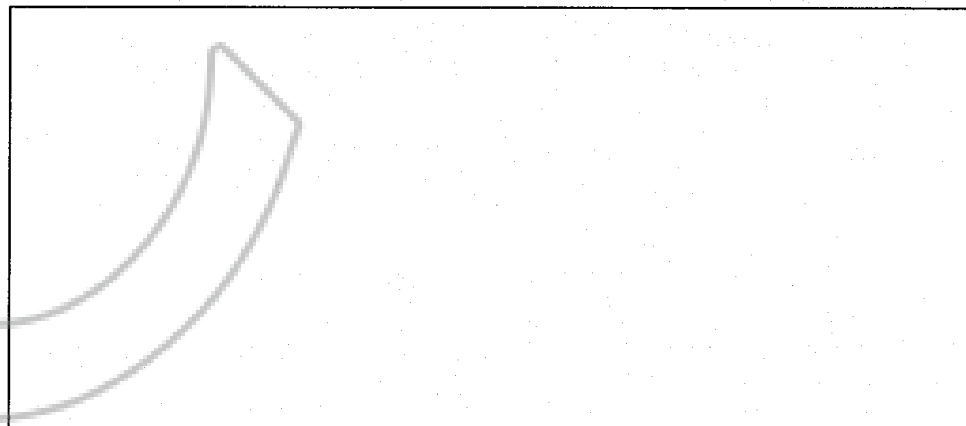
This lien results from a child support order, entered on 09-23-87 by SUPERIOR COURT  
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE docket number  
356431DA. This order requires the above-named obligor to pay child support in  
the amount of \$ 235.00 per month.

As of 08-01-87 to 11-30-00, the obligor owes unpaid support in the amount of  
\$ 4887.28, and this lien amount is subject to an interest rate of 10 %.

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:

The priority and enforcement aspects of the 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.



For use by Lien Recorder

**Note to Lien Recorder:** Please provide the claimant with a copy of the filed lien, containing the recording information, at the address provided above.

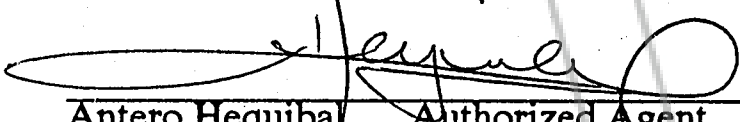
Check either "A" or "B"

**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 above. Please reference the case number, also provided above.

DEC 27 2000

Date

  
Antero Hequibal, Authorized Agent

**B [ ] Issued by a private (non-IV-D) attorney**

I am an attorney representing the above-named obligee. 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 above.

\_\_\_\_\_  
Date

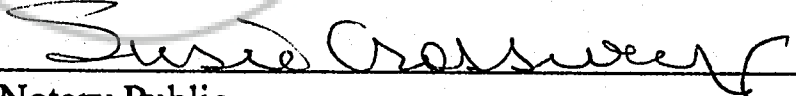
\_\_\_\_\_  
Attorney for Obligee

\*\*\*\*\*

State of California )  
County of Riverside ) ss.

I certify that Antero Hequibal appeared before me and is known to me as the individual who signed the above.

Date: DEC 27 2000

  
Notary Public

My appointment expires NOV 23 2003



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.

COPY

REQUESTED BY  
Child Support Service  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 FEB -6 AM 9: 28

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID K2 DEPUTY

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