## **NOTICE OF LIEN**

TO: DOUGLAS COUNTY RECORDER'S OFFICE PO BOX 218 MINDEN, NEVADA 89423

Obligor: DAVID FRANCIS MAHL

09-13-53 8283

FROM: San Mateo County

Family Support Division

555 County Center - 2nd Floor

Box 8084 Redwood City, Ca 94063 Telephone: (650) 366-8221

-063 Fax No.: (650) 365-3982

Obligee/Claimant: c/o San Mateo County

Family Support Division

IV-D Case #: 062297\*1

This lien results from a child support order, entered on 10/02/86

by SUPERIOR COURT

in CA SAN MATEO tribunal number 299143

in CA, SAN MATEO tribunal number 299143

As of 07/01/86 , the obligor owes unpaid support in the amount of \$ 9,521.67 . This judgement may be subject to interest.

Prospective amounts of child support, not paid when due, are judgments that are added to the lien amount. This lien attaches to all non-exempt real and/or titled personal property of the above named obligor, which is located or existing within the state/county of filing, including any property specifically described below.

Specific description of property:

#2 HOPI COURT ZEPHYR COVE, NV 89448

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All aspects of this lien, including its priority and enforcement, 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 the 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 above.

Check either "A" or "B" below:

[X] Issued by a IV-D agency/office Α

As an authorized agent of a State, or subdivision of a State, agency 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) and reference its case number, both listed above.

ESSICA SAHOURIEH

Authorized Agent

San Mateo County

Family Support Division 555 County Center - 2nd Floor

Telephone:

(650) 366-8221

Redwood City, Ca 94063

Fax No.: (650) 365-3982

Print name, e-mail address, phone and fax number

] Submitted by an obligee/claimant or a private (non-IV-D) attorney or entity on В behalf of an obligee/claimant

] the obligee/caimant of the above referenced order [or] I am

] an attorney or entity representing the above named obligee/claimant

I certify that this lien is submitted in accordance with the laws of the State of . For additional information regarding this lien, including the pay-off amount, please contact the obligee/claimant listed above.

Date

Signature

Print name, e-mail address, phone and fax number

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State of:	afernia			
County of:	San Matro			
I certify that me as the inc	dividual who signed the abo		d before me	and is known to
Date:	6-1-01	Notary Public	Son	

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.

My appointment expires

OMB Control #: 0970-0153 Expiration Date: 03/31/2004

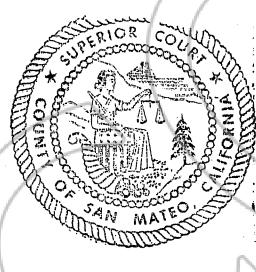


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Form Adopted by Rule 1287 Judicial Council of California 1287 [Rev. July 1, 1985]

JUDGMENT (Family Law) 0:518383 ∀\8K0701PG3573 '91 DEC 18 fm 8 00

WARREN SLOCUM RECORDER SAN MATEO COUNTY OFFICIAL RECORDS



## SUATE OF CALIFORNIA 66 COUNTY OF SAN MATEO

I. WARREN SLOCUM, County Clerk of the above entitled County, and ex-officio Clerk of the Superior Court thereof, do hereby certify that the foregoing is a full, true and correct copy of the original on file in my office, and that I have carefully compared the same with the original

Witness my hand and real of sur Superior Court

County Clerk and Ex-Officio Clerk, Superior Court

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It is further ordered that the care, custody and control of the minor child

of the parties: is awarded to Petioner and Respondent Jointly.

The consent of both parents required to exercise legal control of the child

in the following circumstances:

Neither parent acting alone shall do any act to deprive the other parent of physical custody for a period of more than seven days, non take the child out of this state, without the written consent of the other parent.

It is further ordered that Respondent shall pay to Petioner the sum of \$100.00 per month for child support , payable the 1st day of each monthe beggining, July 1st , 1986 untill said child reaches the age of maturity, becomes emancipated dies, or further order of this court. The total amount of child support is \$100.00.

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N OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

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