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OMB Control No.: 0970-0153

Notice of Lien

TO:

**DOUGLAS COUNTY RECORDERS OFFICE
P.O. BOX 218
MINDEN, NV 89423**

OBLIGOR: RONALD O. HALLAM

ALIASES:

FROM (Claimant):

✓ **STANISLAUS COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
251 E. HACKETT ROAD, P.O. BOX 4189
MODESTO, CA 95352-4189**

DOB: 10/09/70

SSN: ██████████4819

(209) 558-3000 FAX: (209) 558-3135

OBLIGEE: JESSICA L. HUMPHRIES

Claimant's Case No.: **189388-B**

This lien results from a child support order, entered on **8-5-94** by **STANISLAUS** docket number **305617**. This order requires the above-named obligor to pay child support in the amount of \$ **153.00** per **MONTH**.

As of **10-24-02**, the obligor owes unpaid support in the amount of \$ **9,837.13**, and this lien amount is subject to an interest rate of at least 10%. Interest is included.

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 this 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

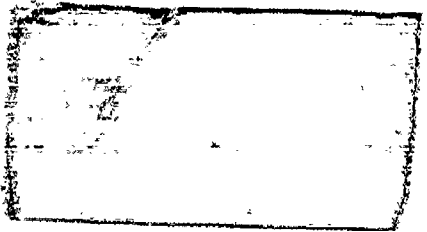
Note to Lien Recorder: Please provide the claimant with a copy of the filed lien, containing the recording information, at the address provided above.

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Notice of Lien, 1 of 2

BK0203PG03284



BK05036203507
0202103

Check either "A" or "B":

A Issued by a IV-D agency/office

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) at the address provided above. Please reference its case number, also provided above.

OCT 29 2002

DATE

Patricia Olivera

Patricia Olivera
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

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)ss.

COUNTY OF STANISLAUS

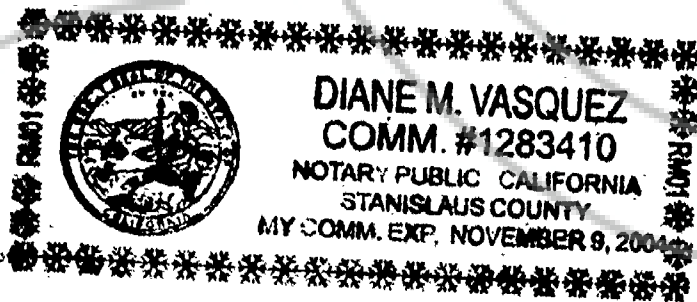
I certify that **Patricia Olivera**
me as the individual who signed the above.

appeared before me and is known to

OCT 29 2002
DATE

Diane M Vasquez
NOTARY PUBLIC

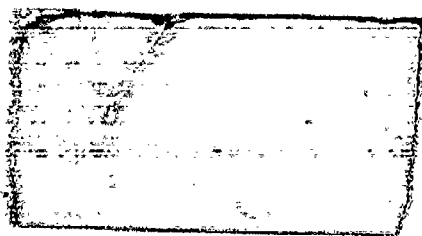
My appointment expires November 9, 2004



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.

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Notice of Lien, 2 of 2



COPY

REQUESTED BY
Stanislaus County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 FEB 11 AM 8:57

WERNER CHRISTEN
RECORDER

\$ *16.00* PAID *K2* DEPUTY

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