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Notice of Lien

REQUESTED BY
County of Santa Cruz
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 SEP 18 PM 1:29

WERNER CHRISTEN
RECORDER

\$ 41.00 PAID KZ DEPUTY

TO:
(Name/Address of recorder)

DOUGLAS COUNTY RECORDER
PO BOX 218
MINDEN, NV 89423

Obligor:
(Name/Address/DOB/SSN)

JIMMIE MONTGOMERY
722 BLUE ROCK RD
GARDENERVILLE, NV 89410

DOB: 04-20-1975

SSN: ██████████2031

FROM:
(IV-D Agency or name of obligee and/or his or her private attorney, or entity acting on behalf of the obligee, address, phone, e-mail address, fax number)

✓ DEPARTMENT OF CHILD SUPPORT SERVICES
P O BOX 1841
SANTA CRUZ, CA 95061-1841

TELEPHONE: (831) 454-3700

FAX: (831) 454-3752

E-MAIL ADDRESS:

Obligee:
(Name)

NICOLE MONTGOMERY

IV-D Case#: 0015597

This lien results from a child support order, entered on **08-21-2003**
SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SANTA CRUZ
tribunal number: **FL018032**

by the _____
in CA

As of **08-25-2003**, the obligor owes unpaid support in the amount of \$ **UNKNOWN**.
This judgment 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:

ALL PROPERTY OWNED OR SUBSEQUENTLY ACQUIRED.

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BK 0903 PG 09776



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 effect until released by the obligee or in accordance with the laws of the State of filing.

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

Check either "A" or "B" below:

A. Submitted by a IV-D agency/office on behalf of the named obligee

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

AUGUST 25, 2003
Date

Margaret M. Vasquez
Authorized Agent

MARGARET M. VASQUEZ
Print name, e-mail address, phone and fax number
TELEPHONE: (831) 454-3700
FAX: (831) 454-3752
E-MAIL ADDRESS:

B. Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an obligee

I am the obligee of the above referenced order [or]
 an attorney or entity representing the above named obligee

I certify under penalty of perjury that the information contained in this notice is true and accurate and 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 listed above.

Date

Signature

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

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STATE OF: CALIFORNIA

COUNTY OF: SANTA CRUZ

I certify that **MARGARET M. VASQUEZ**
the individual who signed the above.

appeared before me and is known to me as

Date: 8/26/2003

Rosa M. Valdivia
ROSA M. VALDIVIA

Notary Public

My appointment expires

01/13/2006



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.

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

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