Notice of Lien

TO:
(Name/Address of recorder)

**DOUGLAS CO RECORDERS OFFICE
PO BOX 218**

MINDEN, NV

Obligor:
(Name/Address/DOB/SSN)

**RAYMOND D. RUEBOTTOM
PO BOX 1251
GARDNERVILLE, NV 89410-1213**

DOB: **01-26-1966**
SSN: ▮▮▮-**7014**

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)

✓ **CENTRAL SIERRA CHILD SUPPORT AGENCY
P.O. BOX 1510
SAN ANDREAS, CA 95249-1510**

TELEPHONE: **(209) 754-6780**   FAX: **(209) 754-6796**
E-MAIL ADDRESS:

Obligee:
(Name)

KELLY K. SWANFELDT

IV-D Case#: **0020184**

This lien results from a child support order, entered on   **08-30-2001**   by the
SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF CALAVERAS   **in CA**
tribunal number: **27431**

As of **07-17-2003**   , the obligor owes unpaid support in the amount of $ **21,229.82**
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:

0595749

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7624/05BAL   ENF04 .

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.   [X] 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.

JULY 17, 2003
Date

Authorized Agent

BETH A. LOUIS
Print name, e-mail address, phone and fax number
TELEPHONE: (209) 754-6780
FAX: (209) 754-6796
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 CALIFORNIA   . 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: <u>CALIFORNIA</u>

COUNTY OF: <u>CALAVERAS</u>

I certify that **BETH A. LOUIS**   appeared before me and is known to me as
the individual who signed the above.

Date: <u>7-24-03</u>

NORMA J. HAHN   *Norma Hahn*
Notary Public

My appointment expires <u>1-11-2007</u>
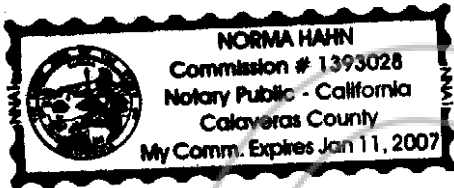
Notice: Respondents are not required to respond to this information collection unless it displays a valid OMB control number. The average burden for responding to this information collection is estimated at 30 minutes. If you believe this estimate is inaccurate, or if you have ideas to reduce this burden, please provide comment to the issuing agency.

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

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