

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

DAVID L. BURNS
ATTORNEY OF RECORD
✓ CENTRAL SIERRA CHILD SUPPORT AGENCY
75 A DIAMOND VALLEY ROAD
MARKLEEVILLE, CA 96120

REQUESTED BY
Central Sierra
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 FEB -6 AM 8:30

WERNER CHRISTEN
RECORDER

\$15.00 PAID KZ DEPUTY

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

ABSTRACT OF SUPPORT JUDGMENT

| | | | |
|---|---|------------------------|-------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): | | 0002544 02JLN1 | FOR RECORDER'S USE ONLY |
| <input checked="" type="checkbox"/> Recording requested by and return to: | DAVID L. BURNS ATTORNEY OF RECORD CENTRAL SIERRA CHILD SUPPORT AGENCY 75 A DIAMOND VALLEY ROAD MARKLEEVILLE, CA 96120 | COUNTY: | |
| TELEPHONE NO.: (888) 251-4739 | <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALPINE | | | |
| STREET ADDRESS: 14777 STATE ROUTE 89 MAILING ADDRESS: P.O. BOX 518 CITY AND ZIP CODE: MARKLEEVILLE, CA 96120 BRANCH NAME: THE SUPERIOR COURT, COUNTY OF ALPINE | | | |
| PETITIONER/PLAINTIFF: RHONDA CRUZ RESPONDENT/DEFENDANT: STEVEN CRUZ OTHER PARENT: | | CASE NUMBER: C17361 | |

Lien notice mailed to _____
at address shown _____

(Government Code 27297.5)

Per Government Code 56103.9, Exempt from Recording Fees

| | | | |
|---|--|-------------------------------|-------------------------|
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| TELEPHONE NO.: (888) 251-4739 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD | | COUNTY: | |
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| ABSTRACT OF SUPPORT JUDGMENT | | CASE NUMBER: C17361 | |

1. The judgment creditor assignee of record applies for an abstract of a support judgment and represents the following:

a. Judgment debtor's

Name and last known address

STEVEN CRUZ
 P.O. BOX 2945
 MINDEN, NV 89423

b. Driver's license No. and state: **N8190831** **CA** unknown

c. Social security number: **██████████9302** unknown

d. Birth date: **12-23-1960** unknown

Date: 10-23-2003

DAVID L. BURNS  (TYPE OR PRINT NAME)

 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):
ALPINE
CENTRAL SIERRA CHILD SUPPORT AGENCY
 whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):
ALPINE
CENTRAL SIERRA CHILD SUPPORT AGENCY
ALPINE COUNTY COLLECTIONS
P.O. BOX 1660
JACKSON, CA 95642-1660

5. Judgment debtor (full name as it appears in judgment):
STEVEN CRUZ

6. a. A judgment was entered on (date): **3/8/2001**
 b. Renewal was entered on (date): **06-24-2002**
 c. Renewal was entered on (date):


7. An execution lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

(SEAL)

SEAL

This abstract issued on
 (date): **11-5-03**

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This is an installment judgment.
LISA COBOURN
CLERK OF THE COURT
 Clerk, by , Deputy

