

16

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

2004 FEB 10 AM 8:41

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID Ka DEPUTY

APN 1420-07-610-025

NOTICE OF LIEN

DOUGLAS COUNTY RECORDER
TO: DOUGLAS COUNTY ADMINISTRATION BLDG
(Name/Address of recorder)
1616 8TH ST 2ND FL
MINDEN NV 89423

Obligor: RICHARD T. MARTINEZ
(Name/Address/DOB/SSN)
3559 LOAM DR
CARSON CITY , NV 89705

06/12/52 [REDACTED] 4136

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)

✓ RIVERSIDE COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES
2041 IOWA AVENUE
RIVERSIDE , CA 92507

E-MAIL ADDRESS: www.dcss.co.riverside.ca.us
(909) 955 - 9894

Obligee: MARTHA ARMENTA
(Name)

IV-D Case #: C 000178240

This lien results from a child support order, entered on 11-17-93 by SUPERIOR COURT
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE tribunal number D117094

As of 04-01-01 to 10-31-03, the obligor owes unpaid support in the amount of
\$ 12184.47. 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:

0604207

BK0204PG03673

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.

10/28/03
Date

Dan Recotta
Authorized Agent

DAN RECOTTA
E-MAIL ADDRESS: www.dcss.co.riverside.ca.us
(909) 955 - 9894 - phone
Print name, e-mail address, phone and fax number

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

0604207
BK0204 PG03674

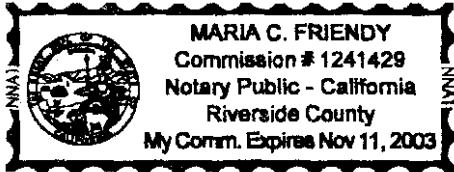
State of: California

County of: Riverside

I certify that DAN RECOTTA appeared before me and is known to me as the individual who signed the above.

Date: 10/28/03

Maria C Friendly
Notary Public



My appointment expires 11/11/03

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.

0604207

BK0204PG03675