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

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

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

2004 MAY 26 PM 1:06

WERNER CHRISTEN  
RECORDER

\$16<sup>00</sup> PAID *BK* DEPUTY

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

### NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: <b>LON HAMBURGER</b> <b>CHILD SUPPORT ATTORNEY</b> <b>CENTRAL SIERRA CHILD SUPPORT AGENCY</b> <b>P.O. BOX 1510</b> <b>SAN ANDREAS, CA 95249-1510</b>		0013214 05KAS1	<b>FOR RECORDER'S USE ONLY</b>
TELEPHONE NO.: (209) 754-6780 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		COUNTY: 05	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS</b> STREET ADDRESS: <b>891 MOUNTAIN RANCH ROAD</b> MAILING ADDRESS: <b>891 MOUNTAIN RANCH ROAD</b> CITY AND ZIP CODE: <b>SAN ANDREAS, CA 95249-9709</b> BRANCH NAME: <b>CALAVERAS SUPERIOR COURT</b>			
PETITIONER/PLAINTIFF: <b>COUNTY OF SAN JOAQUIN</b> RESPONDENT/DEFENDANT: <b>JOHN VALENTINE CRISPIN</b> OTHER PARENT:			
<b>NOTICE OF LIEN</b>			CASE NUMBER: <b>23640</b>

# Notice of Lien

TO:  
(Name/Address of recorder)

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

Obligor:  
(Name/Address/DOB/SSN)

**JOHN V. CRISPIN**  
**783 TILLMAN LANE #5**  
**GARDNERVILLE, NV 89460**

DOB: 11-11-1961  
SSN: ██████████6614

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)

**MARY CRISPIN**

IV-D Case#: 0013214

This lien results from a child support order, entered on **03-24-1994** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF CALAVERAS** in CA tribunal number: **23640**

As of **05-19-2004**, the obligor owes unpaid support in the amount of \$ **62,690.02**.  
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:

**786 TILLMAN LANE GARDNERVILLE, NV 89460**



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

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.

MAY 19, 2004  
Date

  
Authorized Agent

**KIMBERLY A. SMOOT**  
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 . 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

\*\*\*\*\*

0614332

BK0504PG13100

STATE OF: CALIFORNIA

COUNTY OF: CALAVERAS

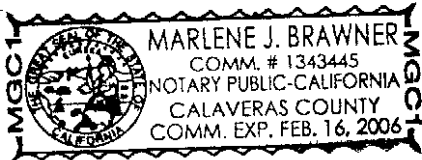
I certify that **KIMBERLY A. SMOOT**  
individual who signed the above.

appeared before me and is known to me as the

Date 5-19-04

*Marlene J. Brawer*  
**MARLENE J. BRAWNER**

Notary Public



My appointment expires 2-16-06

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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BK0504PG13101