

15-1
OMB Control #: 0970-0153

NO APN

NOTICE OF LIEN

TO:

DOUGLAS COUNTY RECORDER
PO BOX 218
MINDEN NV 89423

FROM (Claimant):

✓ PLACER COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
11795 EDUCATION ST, SUITE 101
AUBURN CA 95602-2454

Phone: (530) 889-5700

FAX: (530) 889-5749

IV-D Case #: 1245

Obligor (Name/Address/DOB/SSN):

NEAL HENDRICK

ZEPHYR COVE NV 89448

(Date of Birth) (Social Security Number)
02/08/1948 ██████████-8021

Obligee (Name):
PLACER COUNTY

This lien results from a child support order, entered on **10/07/1980**
by **SUPERIOR COURT OF CALIFORNIA** in **COUNTY OF PLACER**
tribunal number

As of **Jul 15, 2004**, the obligor owes unpaid support in the amount of
\$38,775.90. 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 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.

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

2004 AUG -3 AM 8:43

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID ka DEPUTY

FOR OFFICIAL USE ONLY

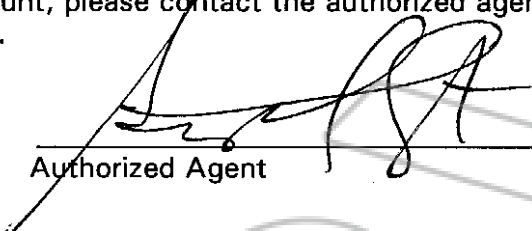
0620443

BK0804PG00535

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.

7/21/04
Date:


Authorized Agent

Stephanie Kytonen
Print name, email address, phone and fax number

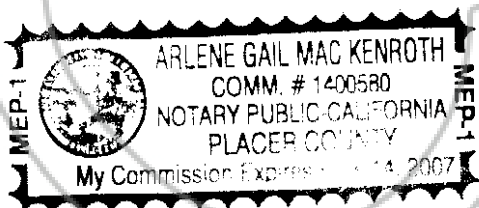
State of:

County of:

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

Date: 7/21/04


Notary Public



My appointment expires 2-14-07

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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