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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DEPARTMENT OF CHILD SUPPORT SERVICES 924-A EMERALD BAY ROAD SOUTH LAKE TAHOE, CA 96150 EID No do County
IN OFFICIAL RECORDS OF
DOUGLAS CO. HEVADA

2004 SEP 13 PM 12: 04

WERNER CHRISTEN
RECORDER

\$ 17 PAID K 2 DEPUTY

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

	N	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	0032342	FOR RECORDER'S USE ONLY
X Recording requested by and return to:	09SLM	
DEPARTMENT OF CHILD SUPPORT SERVICES	1	
924-A EMERALD BAY ROAD	1 1	
SOUTH LAKE TAHOE, CA 96150		
TELEPHONE NO.: (530) 573-3280	1	
	1	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO		
STREET ADDRESS: 1354 JOHNSON BLVD SUITE 2		
MAILING ADDRESS: 1354 JOHNSON BLVD SUITE 2		
CITY AND ZIP CODE SOUTH LAKE TAHOE, CA 96150		
BRANCH NAME: SUPERIOR COURT OF CALIFORNIA, EL DORADO	-	
PETITIONER/PLAINTIFF: COUNTY OF EL DORADO		
RESPONDENT/DEFENDANT: LADISLAU MEDINA AKA JESUS MARAGOITI		
OTHER PARENT: LAURA ELENA LOPEZ		<u> </u>
		CASE NUMBER:
NOTICE OF LIEN		SF2398

7624/FEB 04

09SLM ENF42

Notice of Lien

TO:

(Name/Address of recorder)

DOUGLAS COUNTY RECORDER P.O. BOX 218 MINDEN, NV 89423

Obligor:

(Name/Address/DOB/SSN)

LADISLAO MEDINA PO BOX 4413 STATELINE, NV 89449

DOB: 03-12-1974

SSN: 463:

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)

DEPARTMENT OF CHILD SUPPORT SERVICES 924-A EMERALD BAY ROAD SOUTH LAKE TAHOE, CA 96150

TELEPHONE: (530) 573-3280

FAX: (530) 541-1820

E-MAIL ADDRESS:

Obligee: (Name)

LAURA E. LOPEZ

IV-D Case#: 0032342

This lien results from a child support order, entered on 10-20-1999 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number: SF2398

As of 08-18-2004 , the obligor owes unpaid support in the amount of \$5,670.49 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:

PO BOX 4413 STATELINE NV 89449

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

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.

AUGUST 18, 2004	Julie & Marino
Date	Authorized Agent
	SHERIE L. MARINO
	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (530) 573-3280
	FAX: (530) 541-1820
	E-MAIL ADDRESS:
\ \	
B. [] Submitted by an obligee or a private (n	on-IV-D) attorney or entity on behalf of an obligee
I am [] the obligee of the above referenced order	er (or)
1] an attorney or entity representing the above referenced of the	
I certify under penalty of perjury that the information	n contained in this notice is true and accurate and that this
lien is submitted in accordance with the laws of the regarding this lien, including the pay-off amount, ple	
regarding this went, including the pay off amount, pic	ase contact the obligee listed above.
Date	Signature
	Print name, e-mail address, phone and fax number

STATE OF: CALIFORNIA

COUNTY OF: EL DORADO

I certify that

SHERIE L. MARINO

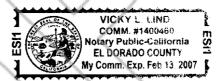
individual who signed the above.

appeared before me and is known to me as the

VICKY L. LIND

Notary Public

My appointment expires



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