

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: ██████████4633

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



STATE OF: CALIFORNIA

COUNTY OF: EL DORADO

I certify that **SHERIE L. MARINO**
individual who signed the above.

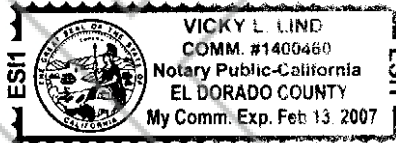
appeared before me and is known to me as the

Date 8/18/04

VICKY L. LIND
Notary Public

Vicky Lind

My appointment expires 2/13/07



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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