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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 FIO Or a County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 SEP 13 PM 12: 05

WERNER CHRISTEN RECORDER

17 PAID K 9 DEPUTY

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

## **NOTICE OF LIEN**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  Recording requested by and return to:	0023842 09SLM	FOR RECORDER'S USE ONLY
	\ (	
DEPARTMENT OF CHILD SUPPORT SERVICES		
924-A EMERALD BAY ROAD	/ //	
SOUTH LAKE TAHOE, CA 96150		
TELEPHONE NO.: (530) 573-3280	\ \	>
ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD		
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, ET AL.,	/ /	
RESPONDENT/DEFENDANT: GLEN ALLEN THOMAS	/	
OTHER PARENT:		
NOTICE OF LIEN	c	ASE NUMBER:
NOTICE OF LIEN		SD920703

## **Notice of Lien**

TO:

(Name/Address of recorder)

**DOUGLAS COUNTY RECORDER** 

P.O. BOX 218 MINDEN, NV 89423

Obligor:

(Name/Address/DOB/SSN)

**GLEN A. THOMAS** 979 TILLMAN LANE

GARDNERVILLE, NV 89460-8845

DOB: 10-14-1966

SSN:

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)

TRACEY L. SCHLICHENMAYER

IV-D Case#: 0023842

This lien results from a child support order, entered on 05-17-2004 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number: SD920703

As of 08-18-2004, the obligor owes unpaid support in the amount of \$3,918.83 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:

979 TILLMAN LANE GARDNERVILLE, NV 89460 8845

0623959

7624/09SLM LAS44 .

BK 0 9 0 4 PG 0 4 2 2 6

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	Dherie & 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 (non-IV-D) attorney or entity on behalf of an obligee		
[ am [ ] the obligee of the above referenced order [or]		
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, plea	ise contact the obligee listed above.	
\ \ \		
/ /		
Date	Signature	
	Print name, e-mail address, phone and fax number	
	Time hamo, o man address, prioris and lax hamber	

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

VICKY L. LIND

**Notary Public** 

My appointment expires

VICKY L. LIND
COMM. #1400460
Notary Public-California
EL DORADO COUNTY
My Comm. Exp. Feb 13, 2007

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