

17-

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

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

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

2004 SEP 15 AM 10:10

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID KJ 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: DEPARTMENT OF CHILD SUPPORT SERVICES 924-A EMERALD BAY ROAD SOUTH LAKE TAHOE, CA 96150 TELEPHONE NO.: (530) 573-3280 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		0038258 09SLM	FOR RECORDER'S USE ONLY
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: MERCEDES RUIZ RESPONDENT/DEFENDANT: IGNACIO CALDERON OTHER PARENT:			
NOTICE OF LIEN			CASE NUMBER: SFL20010188

Notice of Lien

TO:

(Name/Address of recorder)

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

Obligor:

(Name/Address/DOB/SSN)

**IGNACIO C. SALAS
PO BOX 6297
STATELINE, NV 89449**

DOB: 07-22-1966

SSN: ██████████8126

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)

MERCEDES RUIZ

IV-D Case#: 0038258

This lien results from a child support order, entered on _____ by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO** in CA tribunal number: **SFL20010188**

As of **08-19-2004**, the obligor owes unpaid support in the amount of **\$337.50**.
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 6297 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. 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 19, 2004
Date

Sherie L. Marino
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

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

0624162
BK0904PG05415

STATE OF: CALIFORNIA

COUNTY OF: EL DORADO

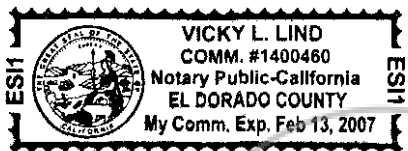
I certify that **SHERIE L. MARINO**
individual who signed the above.

appeared before me and is known to me as the

Date 8/19/04

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