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REQUESTED BY  
*Child Support Services*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 OCT -4 AM 11:03

WERNER CHRISTEN  
RECORDER

\$ 17.00 PAID Bh DEPUTY

**APN#** NO APN  
 11 digit number may be obtained at:  
<http://sandgate.co.clark.nv.us/cicsAssessor/owner.htm>

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**NOTICE OF LIEN**

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**Type of Document**  
 (Example: Declaration of Homestead, Quit Claim Deed, etc.)

**Recording requested by:**

Department of Child Support Services

✓ **Return to:**

**Name** Department of Child Support Services

**Address** 47-940 Arabia Street,

**City/State/Zip** Indio, California 92201

**c#** 786412

This page added to provide additional information required by NRS 111.312 Sections 1-2  
 (An additional recording fee of \$1.00 will apply.)

This cover page must be typed or printed clearly in black ink only.

CS12/03

0625797

BK1004PG01104

NOTICE OF LIEN

DOUGLAS COUNTY RECORDER  
TO: DOUGLAS COUNTY ADMINISTRATION BLDG  
(Name/Address of recorder)  
1616 8TH STREET, 2ND FLOOR  
MINDEN, NV 89423

Obligor: ROY R. ARONDS  
(Name/Address/DOB/SSN)  
968 DESERT DRIVE  
CARSON CITY , NV 89705

12/30/54            554 78 0277

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)

RIVERSIDE COUNTY  
DEPARTMENT OF CHILD SUPPORT SERVICES  
47-950 ARABIA STREET  
INDIO , CA 92201

E-MAIL ADDRESS: [www.dcss.co.riverside.ca.us](http://www.dcss.co.riverside.ca.us)  
(760) 863 - 7720

Obligee: THE STATE OF NEVADA OBO  
(Name)

IV-D Case #: C 000386412

This lien results from a child support order, entered on 05/23/00 by SUPERIOR COURT  
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE tribunal number 052261.

As of 05/05/00 to 07/31/04, the obligor owes unpaid support in the amount of  
\$ 343.84. 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:

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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 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.

8-24-04 MH  
Date

Margie Hoffman  
Authorized Agent

MARGIE HOFFMAN  
E-MAIL ADDRESS: [www.dcss.co.riverside.ca.us](http://www.dcss.co.riverside.ca.us)  
(760) 863 - 7720 - phone  
Print name, e-mail address, phone and fax number

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

\*\*\*\*\*

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BK1004PG01106

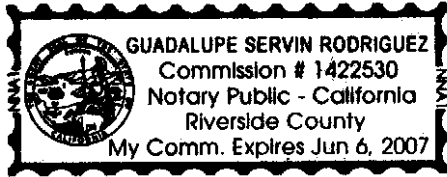
State of: California

County of: Riverside

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

Date: 8/24/04

  
Notary Public



My appointment expires June 6, 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.