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REQUESTED BY  
*County of Kings*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

# Notice of Lien

2004 OCT 14 AM 11:31

WERNER CHRISTEN  
RECORDER

\$42<sup>50</sup> PAID *KV* DEPUTY

TO:  
(Name/Address of recorder)

**DOUGLAS COUNTY RECORDER**  
885 EAST MUSSER SUITE 1028  
*1616 8th St*  
*MINDEN NV 89423*  
CARSON CITY, NV 89701

Obligor:  
(Name/Address/DOB/SSN)

**HENRY J. TORRES**  
2543 HENNING LANE  
MINDEN, NV 89423

DOB: 06-16-1951  
SSN: 568-78-9104

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**  
P O BOX 1289  
HANFORD, CA 93232

TELEPHONE: (888) 252-9656      FAX: (559) 582-0277  
E-MAIL ADDRESS:

Obligee:  
(Name)

**ANITA S. TORRES**

IV-D Case#: 0001309

This lien results from a child support order, entered on **09-04-1992** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF KINGS** in CA tribunal number: **41666**

As of **09-13-2004**, the obligor owes unpaid support in the amount of **\$31,312.11**.

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:

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.

SEPTEMBER 13, 2004  
Date

  
Authorized Agent

**DORI MCCARTY**  
Print name, e-mail address, phone and fax number  
TELEPHONE: (888) 252-9656  
FAX: (559) 582-0277  
E-MAIL ADDRESS:

B.  Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an  
 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

\*\*\*\*\*

0626673

BK1004PG05543

STATE OF: CALIFORNIA

COUNTY OF: KINGS

I certify that **DORI MCCARTY**  
the individual who signed the above.

appeared before me and is known to me as

Date

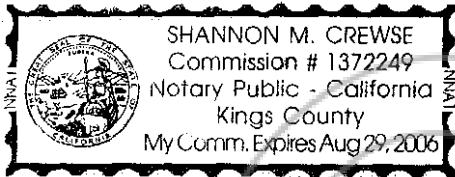
9-14-2004

Notary Public

Shannon M Crewse

My appointment expires

Aug 29, 2006



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

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

KINGS COUNTY  
DEPARTMENT OF CHILD SUPPORT SERVICES  
P O BOX 1289  
HANFORD, CA 93232

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

**NOTICE OF LIEN**

<input checked="" type="checkbox"/> ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to:		0001309 16DAM	FOR RECORDER'S USE ONLY
KINGS COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES P O BOX 1289 HANFORD, CA 93232			
TELEPHONE NO.: (888) 252-9656			
<input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS STREET ADDRESS: 1426 SOUTH DRIVE MAILING ADDRESS: 1426 SOUTH DRIVE CITY AND ZIP CODE: HANFORD, CA 93230 BRANCH NAME: KINGS COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: COUNTY OF KINGS ET AL RESPONDENT/DEFENDANT: HENRY JOE TORRES OTHER PARENT:			
<b>NOTICE OF LIEN</b>		CASE NUMBER: 41666	

0626673

BK1004PG05545