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REQUESTED BY
Dept of Child Support
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 DEC 28 AM 8:15

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID *KJ* DEPUTY

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

NOTICE OF LIEN

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# 377445

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

0633063

BK1204PG12691

19-
Riverside County
Dept Child Support
47-940 Arabia St.
Indio, Ca 92201-9926

NO APN

NOTICE OF LIEN

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

Obligor: LEONARDO CORTEZ
(Name/Address/DOB/SSN)
1501 S HWY 395
GARDNERVILLE , NV 89410

10/28/59 [REDACTED] 2857

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
(760) 863 - 7720

Obligee: ESTRELLA CORTEZ
(Name)

IV-D Case #: C 000377445

This lien results from a child support order, entered on 03/04/98 by SUPERIOR COURT
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE tribunal number 053469

As of 11/05/96 to 08/31/04 , the obligor owes unpaid support in the amount of
\$ 17379.01 . 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.

9-22-04
Date

Margie Hoffman
Authorized Agent

MARGIE HOFFMAN
E-MAIL ADDRESS: 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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BK 1204 PG 12693

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: 9/22/04

Lynn Tulipani
Notary Public



My appointment expires 4/10/07

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.

