

DOC # 0636250
02/08/2005 09:34 AM Deputy: KLJ

OFFICIAL RECORD

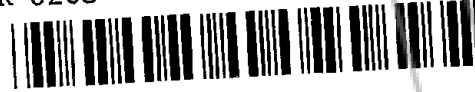
Requested By:
EL DORADO COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

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

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0205 PG- 2679 RPTT: 0.00



TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to:		0036801 09CLF	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 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> 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 RESPONDENT/DEFENDANT: MICHAEL PAUL TRISLER OTHER PARENT: LISA MARIE TRISLER			
NOTICE OF LIEN		CASE NUMBER: SFS20000109	

Notice of Lien

TO:

(Name/Address of recorder)

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

Obligor:

(Name/Address/DOB/SSN)

**MICHAEL P. TRISLER
P O BOX 921
ZEPHYR COVE, NV 89448**

DOB: 06-13-1954

SSN: ██████████9842

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)

LISA M. TRISLER

IV-D Case#: 0036801

This lien results from a child support order, entered on 06-06-2000 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number: SFS20000109

As of 10-12-2004, the obligor owes unpaid support in the amount of \$ 14,402.71

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:

P O BOX 921 ZEPHYR COVE, NV 89448 "NO APN"

7624/09CLF ENF30 .

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02/08/2005

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.

OCTOBER 12, 2004

Date


Authorized Agent

CAROLINE L. FALCONER

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

I 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



STATE OF: CALIFORNIA

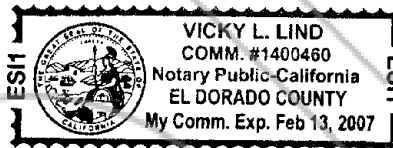
COUNTY OF: EL DORADO

I certify that **CAROLINE L. FALCONER** appeared before me and is known to me as the individual who signed the above.

Date 10-12-2004

Vicky Lind
VICKY L. LIND
Notary Public

My appointment expires 2/13/2007



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

7624/09CLF ENF30 .