

DOC # 0636251  
02/08/2005 09:35 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- 2683 RPTT: 0.00



TITLE(S)

**NOTICE OF LIEN**

<input checked="" type="checkbox"/> ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to:		0052941 09DJB2	<b>FOR RECORDER'S USE ONLY</b>
<b>DEPARTMENT OF CHILD SUPPORT SERVICES</b> 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 RIVERSIDE RESPONDENT/DEFENDANT: RALPH ALVAREZ OTHER PARENT: JANETTE CARRELES			
<b>NOTICE OF LIEN</b>			CASE NUMBER: <b>SFS20040002</b>

# Notice of Lien

**TO:**

(Name/Address of recorder)

**DOUGLAS COUNTY RECORDER  
PO BOX 218  
MINDEN, NV 89423**

**Obligor:**

(Name/Address/DOB/SSN)

**RALPH ALVAREZ  
PO BOX 3947  
STATELINE, NV 89449**

**DOB: 04-09-1955**

**SSN: [REDACTED]-2896**

**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)

**JANETTE SHIELDS**

**IV-D Case#: 0052941**

This lien results from a child support order, entered on **01-09-2004** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO** in CA tribunal number: **SFS20040002**

As of **01-03-2005**, the obligor owes unpaid support in the amount of \$ **14,203.95**.

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 3947 STATELINE, NV 89449 "NO APN"**

7624/09DJB2 ENF30 .



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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

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.

JANUARY 03, 2005  
Date

*Donna J. Bray*  
Authorized Agent

DONNA J. BRAY  
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 **DONNA J. BRAY**  
the individual who signed the above.

appeared before me and is known to me as

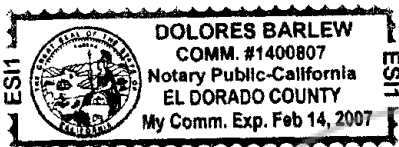
Date

1/3/05

Dolores Barlew  
Notary Public

My appointment expires

2/14/07



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

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