

DOC # 0636898
02/16/2005 02:32 PM Deputy: KLJ

OFFICIAL RECORD

Requested By:
MERCED COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ SANDRA L. GRAVANO
CHIEF ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 3199
MERCED, CA 95344

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0205 PG- 6068 RPIT: 0.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: SANDRA L. GRAVANO CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 3199 MERCED, CA 95344		0495210 24LRV	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (209) 381-1300 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 1901 G STREET MAILING ADDRESS: 1901 G STREET CITY AND ZIP CODE: MERCED, CA 95340 BRANCH NAME: MERCED COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: COUNTY OF MERCED RESPONDENT/DEFENDANT: JOSE R HERNANDEZ OTHER PARENT: ADELIA L STEWART			
NOTICE OF LIEN		CASE NUMBER:	04893

Notice of Lien

TO:

(Name/Address of recorder)

**DOUGLAS COUNTY RECORDER
1616 8TH STREET
PO BOX 218
MINDEN, NV 89423**

Obligor:

(Name/Address/DOB/SSN)

**JOSE R. HERNANDEZ
DOUGLAS COUNTY JAIL
PO BOX 218
MINDEN, NV 89423**

DOB: 11-24-1973

SSN: [REDACTED] 3546

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 3199
MERCED, CA 95344**

TELEPHONE: (209) 381-1300

FAX: (209) 722-0556

E-MAIL ADDRESS:

Obligee:

(Name)

ADELIA L. STEWART

IV-D Case#: 0495210

This lien results from a child support order, entered on **10-26-2000** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF MERCED** in CA tribunal number: **04893**

As of **01-18-2005**, the obligor owes unpaid support in the amount of \$

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:

ANY PROPERTY IN THE NAME OF JOSE R. HERNANDEZ

7624/24LRV LAS05 . ENF

0636898 Page: 2 Of 4

BK- 0205
PG- 6069
02/16/2005



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.

JANUARY 18, 2005
Date


Authorized Agent

LARRY R. VALENTI
Print name, e-mail address, phone and fax number
TELEPHONE: (209) 381-1300
FAX: (209) 722-0556
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: MERCED

I certify that **LARRY R. VALENTI**
the individual who signed the above.

appeared before me and is known to me as

Date 1/20/05

LORI L. NORMAN
Notary Public

Lori L. Norman

My appointment expires 3/23/05



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:

