

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

MICHAEL D. TESTERMAN, CSB 146407
DIRECTOR
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 2069
MARYSVILLE, CA 95901

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-0305 PG-00086 RPTT: 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: MICHAEL D. TESTERMAN, CSB 146407 DIRECTOR DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 2069 MARYSVILLE, CA 95901		0015761 58MCT	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (530) 749-6000 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF YUBA STREET ADDRESS: 120 FIFTH STREET MAILING ADDRESS: 120 FIFTH STREET CITY AND ZIP CODE: MARYSVILLE, CA 95901 BRANCH NAME: YUBA COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: COUNTY OF YUBA STATE OF CALIFORNIA RESPONDENT/DEFENDANT: WILLIAM PAGE TOBEY OTHER PARENT:			
NOTICE OF LIEN		CASE NUMBER: 55623	

Notice of Lien

TO:

(Name/Address of recorder)

**DOUGLAS COUNTY RECORDER
DOUGLAS COUNTY ADMINISTRATION BLDG.,
1616 8TH STREET, 2ND FLOOR
MINDEN, NEVADA 89423**

Obligor:

(Name/Address/DOB/SSN)

**WILLIAM P. TOBEY
970 DRESSLERVILLE RD
GARDNERVILLE, NV 89460-8928**

DOB: 04-06-1969

SSN: ██████████-7189

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 2069
MARYSVILLE, CA 95901**

TELEPHONE: (530) 749-6000

FAX: (530) 634-7654

E-MAIL ADDRESS:

Obligee:

(Name)

ANDREA K. HISEY

IV-D Case#: 0015761

This lien results from a child support order, entered on **09-21-1994** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF YUBA** in CA tribunal number: **55623**

As of **01-31-2005**, the obligor owes unpaid support in the amount of \$ **132.90**.

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:

RECEIVED

FEB 20 2005

7624/58MCT ENF04 . ENF

DOUGLAS COUNTY RECORDER



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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 31, 2005
Date

Mollie Trujillo
Authorized Agent

MOLLIE C. TRUJILLO
Print name, e-mail address, phone and fax number
TELEPHONE: (530) 749-6000
FAX: (530) 634-7654
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

STATE OF: CALIFORNIA

COUNTY OF: YUBA

I certify that **MOLLIE C. TRUJILLO**
the individual who signed the above.

appeared before me and is known to me as

Date February 1, 2005

Kiffin A. Reading
Notary Public

My appointment expires

December 21, 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

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