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

DOC # 0643477
05/04/2005 10:06 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
MERCED COUNTY

Douglas County - NV Werner Christen - Recorder

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17.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

## **NOTICE OF LIEN**

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  X Recording requested by and return to:  24MJK | FOR RECORDER'S USE ONLY |
|--|-------------------------|
| SANDRA L. GRAVANO<br>CHIEF ATTORNEY  |                         |
| DEPARTMENT OF CHILD SUPPORT SERVICES   |                         |
| P.O. BOX 3199  | 1                       |
| MERCED, CA 95344   |                         |
| TELEPHONE NO.: (209) 381-1300  |                         |
| ATTORNEY FOR JUDGMENT CREDITOR X 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: DAWN V. GADWELL  |                         |
| OTHER PARENT: VINCENT C. ARDUENGO  |                         |
|  | CASE NUMBER:            |
| NOTICE OF LIEN   | 13204                   |

7624/FEB 05 24MJK ENF05 . ENF

9.49

## **Notice of Lien**

TO:

(Name/Address of recorder or asset holder)

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

Obligor:

(Name/Address/DOB/SSN)

DAWN V. GADWILL

1332 CAHI CIR

\_\_\_\_

DOB: 04-15-1970

GARDNERVILLE, NV 89410-8027

SSN:

-6655

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: 24MJK@CO.MERCED.CA.US

Obligee:

(Name)

**VINCENT C. ARDUENGO** 

IV-D Case#: 0710440

This lien results from a child support order, entered on 08-18-2004 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF MERCED in CA tribunal number 13204

As of 04-22-2005, the obligor owes unpaid support in the amount of \$19.20. 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 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 DAWN V. GADWILL

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BK- 0505 PG- 1447 05/04/2005 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. An obligor may also contact the entity sending the lien. This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.

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. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

A. [X] 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.

| APRIL 22, 2005   | That ha Villey   |
|--|--|
| Date   | Authorized Agent   |
|  |  |
|  | MARTHA J. KELLY  |
|  | Print name, e-mail address, phone and fax number                 |
| / /  | TELEPHONE: (209) 381-1300  |
| / /  | FAX: (209) 722-0556  |
|  | E-MAIL ADDRESS: 24MJK@CO.MERCED.CA.US                            |
| \ \  | \ \  |
| B. [ ] Submitted by an oblige                              | ee or a private (non-IV-D) attorney or entity on behalf of an    |
|  |  |
| I am [ ] the obligee of the above                          |  |
| [ ] an attorney or entity rep                              | presenting the above named obligee                               |
| Leartify under papalty of parium th                        | at the information contained in this notice is true and accurate |
| and that this lien is submitted in ac-                     | cordance with the laws of the State of California.               |
| For additional information regarding obligee listed above. | this lien, including the pay-off amount, please contact the      |
|  | )  |
|  | /  |
| Date   | Signature  |
|  |  |
|  | Print name, e-mail address, phone and fax                        |

BK- 0505 PG- 1448 05/04/2005 Notary State: CALIFORNIA

County:

MERCED

I certify that

**MARTHA J. KELLY** 

appeared before me and is known to me as

the individual who signed the above.

Date 4/25/05

LORI L. NORMAN Notary Public

My appointment expires  $\frac{3/23}{}$ 



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: 01/31/2008

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