

17

OFFICIAL RECORD

Requested By:
EL DORADO COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ CHILD SUPPORT ATTORNEY *****
DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 391
PLACERVILLE, CA 95667

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0605 PG- 8780 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: CHILD SUPPORT ATTORNEY ***** DEPARTMENT OF CHILD SUPPORT SERVICES PO BOX 391 PLACERVILLE, CA 95667		0054568 09LLI	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (530) 621-5600 <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: 495 MAIN STREET MAILING ADDRESS: 495 MAIN STREET CITY AND ZIP CODE: PLACERVILLE, CA 95667 BRANCH NAME: SUPERIOR COURT OF CALIFORNIA, EL DORADO			
PETITIONER/PLAINTIFF: JENNIFER MILLER RESPONDENT/DEFENDANT: SCOTT A. MILLER OTHER PARENT:			
NOTICE OF LIEN		CASE NUMBER: FC2004-070374	



Notice of Lien

TO:

(Name/Address of recorder or asset holder)

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

Obligor:

(Name/Address/DOB/SSN)

**SCOTT A. MILLER
P.O. BOX 1402
ZEPHYR COVE, NV 89448**

DOB: 07-11-1963

SSN: [REDACTED] 3668

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
PO BOX 391
PLACERVILLE, CA 95667**

TELEPHONE: (530) 621-5600

FAX: (530) 621-2022

E-MAIL ADDRESS:

Obligee:

(Name)

JENNIFER FERRELL

IV-D Case#: 0054568

This lien results from a child support order, entered on 11-02-2004 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in AZ tribunal number FC2004-070374

As of 04-28-2005, the obligor owes unpaid support in the amount of \$364.00.

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:

7624/FEB 05 09LLI LOM021



0647310

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BK- 0605
PG- 8781
06/21/2005



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.

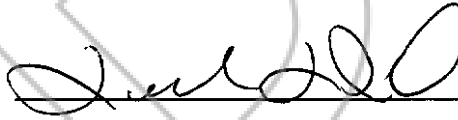
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

A. 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 28, 2005

Date



Authorized Agent

LINDA L. IMEL

Print name, e-mail address, phone and fax number

TELEPHONE: (530) 621-5600

FAX: (530) 621-2022

E-MAIL ADDRESS:

B. Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an

I am 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 California. 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



Notary State: CALIFORNIA

County: EL DORADO

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

Date 4-28-05 **VICKY LIND**
Notary Public *Vicky Lind*

My appointment expires 2-13-07



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: 01/31/2008