RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DEPARTMENT OF CHILD SUPPORT S 924-A EMERALD BAY ROAD SOUTH LAKE TAHOE, CA 96150 DOC # 0647313 06/21/2005 08:21 AM Deputy: KLJ OFFICIAL RECORD Requested By: EL DORADO COUNTY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee BK-0605 PG-8791 RPTT: 17.00 0.00



TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): (X) Recording requested by and return to: O9DJB2	FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES 924-A EMERALD BAY ROAD	
SOUTH LAKE TAHOE, CA 96150	
TELEPHONE NO.: (530) 573-3280	
ATTORNEY FOR JUDGMENT CREDITOR X 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 EL DORADO, ET AL.	
RESPONDENT/DEFENDANT: ROBERT JOHN BUCKER OTHER PARENT:	
27001770010	CASE NUMBER:
NOTICE OF LIEN	SF0543

7624/FEB 05

09DJB2 ENF40.

Notice of Lien

TO:

(Name/Address of recorder or asset holder)

DOUGLAS COUNTY RECORDER PO BOX 218 MINDEN, NV 89423

Obligor:

(Name/Address/DOB/SSN)

ROBERT J. BUCKER P.O. BOX 4106

STATELINE, NV 89449

DOB: 05-02-1966

SSN: 399

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)

TINA M. JOHNSTON

IV-D Case#: 0031259

This lien results from a child support order, entered on 08-22-2003 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number \$50543

As of 04-04-2005, the obligor owes unpaid support in the amount of \$38,368.37. 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:

PO BOX 4106

STATELINE, NV 89449

"NO APN"

7624/FEB 05 09DJB2 ENF40 .

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BK- 0605 PG- 8792 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. [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 04, 2005	horana & Hay
Date	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 obl	igee or a private (non-IV-D) attorney or entity on behalf of an
	ove referenced order [or]
[] an attorney or entity	representing the above named obligee
L certify under penalty of periury	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 regardi obligee listed above.	ng this lien, including the pay-off amount, please contact the
)
Date	Signature
	Print name, e-mail address, phone and fax
	Finit name, e-mail address, priorile and lax

BK- 0605 PG- 8793 06/21/2005

	JURAT	
State of Calif	fornia	\ \
County of <u>E</u>	EL DORADO	
Subscribed a	and sworn to (or affirmed) before me on	
	day of	_,20 <i>_0,5</i> ,
	A J. BRAY	
-	nown to me or proved to me on the basis of s be the person(s) who appeared before me.	atisfactory
E CONTRACTOR	DOLORES BARLEW COMM. #140807 mi lotary Public-California OO EL DORADO COUNTY	
	y Comm. Exp. Feb 14, 2007	
(seal)	Signature Colous Bal	lew

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