

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ KIMBERLY S. MEL
SUPERVISING CHILD SUPPORT ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
P O BOX 1841
SANTA CRUZ, CA 95061-1841

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0805 PG- 6401 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: KIMBERLY S. MEL SUPERVISING CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P O BOX 1841 SANTA CRUZ, CA 95061-1841	0016318 44MMV	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (831) 454-3700 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ STREET ADDRESS: 701 OCEAN STREET MAILING ADDRESS: 701 OCEAN STREET CITY AND ZIP CODE: SANTA CRUZ, CA 95060 BRANCH NAME: SANTA CRUZ COUNTY SUPERIOR COURT		
PETITIONER/PLAINTIFF: BIRGIT CRUMP RESPONDENT/DEFENDANT: ROBERT CRUMP OTHER PARENT:		
NOTICE OF LIEN		CASE NUMBER: 111672



Notice of Lien

TO:

(Name/Address of recorder or asset holder)

**DOUGLAS COUNTY RECORDER'S OFFICE
PO BOX 218
MINDEN, NV 89423**

Obligor:

(Name/Address/DOB/SSN)

**ROBERT CRUMP
PO BOX 5983
STATELINE, NV 89449**

DOB: 04-17-1948

SSN: ██████████-6335

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 1841
SANTA CRUZ, CA 95061-1841**

TELEPHONE: (831) 454-3700

FAX: (831) 454-3752

E-MAIL ADDRESS:

Obligee:

(Name)

BIRGIT BARTYZEL

IV-D Case#: 0016318

This lien results from a child support order, entered on **12-12-1990** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SANTA CRUZ** in CA tribunal number **111672**

As of **07-27-2005**, the obligor owes unpaid support in the amount of **\$ 17,747.71**

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:

ALL PROPERTY OWNED OR SUBSEQUENTLY ACQUIRED.

7624/FEB 05 44MMV ENF001.

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PG- 6402
08/15/2005



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.

JULY 27, 2005
Date

Margaret M. Vasquez
Authorized Agent

MARGARET M. VASQUEZ
Print name, e-mail address, phone and fax number
TELEPHONE: (831) 454-3700
FAX: (831) 454-3752
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

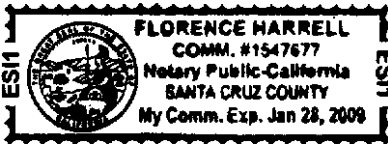
County: SANTA CRUZ

I certify that **MARGARET M. VASQUEZ**
the individual who signed the above.

appeared before me and is known to me as

Date AUG 10 2005


FLORENCE G. HARRELL
Notary Public



My appointment expires JANUARY 28, 2009

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