

OFFICIAL RECORD

Requested By:
SANTA CLARA COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

COUNTY OF SANTA CLARA
BARBARA CAMARENA
DEPARTMENT OF CHILD SUPPORT SERVICES
2851 JUNCTION AVENUE
SAN JOSE, CA 95134

Douglas County - NV
Werner Christen - Recorder

Page: 1 OF 4 Fee: 42.00
BK-0905 PG- 1508 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: COUNTY OF SANTA CLARA BARBARA CAMARENA DEPARTMENT OF CHILD SUPPORT SERVICES 2851 JUNCTION AVENUE SAN JOSE, CA 95134		0005461 43DJV1	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (408) 503-5200 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 99 NOTRE DAME AVENUE MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: SUPERIOR COURT			
PETITIONER/PLAINTIFF: AUGUSTINA PARRA AKA AUGUSTINA JILLINGS RESPONDENT/DEFENDANT: DANIEL GARCIA PARRA OTHER PARENT:			
NOTICE OF LIEN		CASE NUMBER: 184FL546606	

Notice of Lien

TO:

(Name/Address of recorder)

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

Obligor:

(Name/Address/DOB/SSN)

**DANIEL G. PARRA
1361 MARY JO DRIVE
GARDNERVILLE, NV 89460-8441**

DOB: 01-09-1956

SSN: ██████████2944

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
2851 JUNCTION AVENUE
SAN JOSE, CA 95134**

TELEPHONE: (408) 503-5200

FAX: (408) 503-5319

E-MAIL ADDRESS:

Obligee:

(Name)

AUGUSTINA JILLINGS

IV-D Case#: 0005461

This lien results from a child support order, entered on **09-14-2000** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SANTA CLARA** in CA tribunal number: **184FL546606**

As of **10-06-2004**, the obligor owes unpaid support in the amount of **\$59,178.90**

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:

1361 MARY JO DRIVE GARDNERVILLE, NV 89460-8441

7624/43DJV1 LAS04 .



BK- 0905
PG- 1509



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.

OCTOBER 06, 2004
Date

Debra Veal
Authorized Agent

DEBRA VEAL
Print name, e-mail address, phone and fax number
TELEPHONE: (408) 503-5200
FAX: (408) 503-5319
E-MAIL ADDRESS:

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

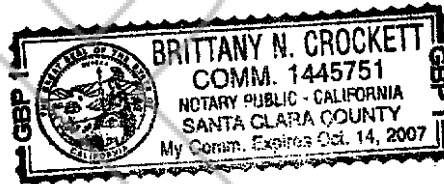
I certify that **DEBRA VEAL**
the individual who signed the above.

appeared before me and is known to me as

Date OCT 08 2004

Brittany N. Crockett
Notary Public
BRITTANY N. CROCKETT, NOTARY PUBLIC

My appointment expires 10/14/2007



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

