

OFFICIAL RECORD

Requested By:
INYO COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

LINDA ANISMAN
CHILD SUPPORT ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 1147
BISHOP, CA 93515

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1205 PG-12215 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: LINDA ANISMAN CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES PO BOX 1147 BISHOP, CA 93515		0002711 14KXW	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (760) 873-3659 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF INYO STREET ADDRESS: INYO COUNTY CONSOLIDATED COURTS MAILING ADDRESS: 168 N. EDWARDS CITY AND ZIP CODE: INDEPENDENCE, CA 93526 BRANCH NAME: INYO COUNTY COURTS			
PETITIONER/PLAINTIFF: THE COUNTY OF INYO RESPONDENT/DEFENDANT: DANA JAMES KILGORE OTHER PARENT:			
NOTICE OF LIEN		CASE NUMBER: 89-124P	

Notice of Lien

TO:

(Name/Address of recorder or asset holder)

**DOUGLAS COUNTY RECORDER'S OFFICE
1616 8TH ST.
MINDEN, NV 89423**

Obligor:

(Name/Address/DOB/SSN)

**DANA J. KILGORE
3620 SLATE ROAD
WELLINGTON, NV 89444**

DOB: 08-01-1956

SSN: ██████████0196

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 1147
BISHOP, CA 93515**

TELEPHONE: (760) 873-3659

FAX: (760) 873-3646

E-MAIL ADDRESS:

Obligee:

(Name)

TRACY I. KILGORE

IV-D Case#: 0002711

This lien results from a child support order, entered on **10-15-1990** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF INYO** in CA tribunal number **89-124P**

As of **12-20-2005**, the obligor owes unpaid support in the amount of **\$ 115,338.43**.

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:

NO ASSESSOR'S PARCEL NUMBER

7624/OCT 05 14KXW ENF002



0664495

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BK- 1205
PG- 12216
12/28/2005

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.

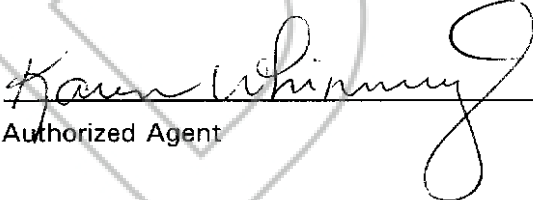
Note to Lien Recorder: Please provide the sender with a copy of the filed lien, containing the recording information, at the address provided above.

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.

DECEMBER 19, 2005
Date


Authorized Agent

KAREN WHINNERY
Print name, e-mail address, phone and fax number
TELEPHONE: (760) 873-3659
FAX: (760) 873-3646
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: INYO

I certify that **KAREN WHINNERY**
the individual who signed the above.

appeared before me and is known to me as

Date 12-20-2005

CASSIE BEDELL
Notary Public

My appointment expires 1/11/07



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

