

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

✓
PHIL LOWE
ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 841
SAN LUIS OBISPO, CA 93406-0841

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0106 PG-02748 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: PHIL LOWE ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES PO BOX 841 SAN LUIS OBISPO, CA 93406-0841		0055255 40TXM	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (805) 781-5734 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN LUIS OBISPO STREET ADDRESS: 1035 PALM STREET COUNTY GOVERNMENT CENTER MAILING ADDRESS: 1035 PALM STREET COUNTY GOVERNMENT CENTER CITY AND ZIP CODE: SAN LUIS OBISPO, CA 93408 BRANCH NAME: SAN LUIS OBISPO COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: JULIE RENE HENRY MARSH RESPONDENT/DEFENDANT: MICHAEL DANIEL MUNRO OTHER PARENT:			
NOTICE OF LIEN		CASE NUMBER: DR19885	

Notice of Lien

TO:

(Name/Address of recorder or asset holder)

**DOUGLAS COUNTY CLERK
P O BOX 218
MINDEN, NV 89423**

Obligor:

(Name/Address/DOB/SSN)

**MICHAEL D. MUNRO
PO BOX 1293
MINDEN, NV 89423**

DOB: 09-02-1966

SSN: ██████████7408

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 841
SAN LUIS OBISPO, CA 93406-0841**

TELEPHONE: (805) 781-5734

FAX: (805) 781-5156

E-MAIL ADDRESS:

Obligee:

(Name)

JULIE R. JARVIS

IV-D Case#: 0055255

This lien results from a child support order, entered on 02-28-2002 by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SAN LUIS OBISPO** in CA tribunal number **DR19885**

As of 12-01-2005, the obligor owes unpaid support in the amount of \$840.00

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:

ANY REAL OR PERSONAL PROPERTY LOCATED AT 3137 BODIE ROAD, GARNERVILLE, NV 89410 OR ELSEWHERE IN DOUGLAS COUNTY.

7624/OCT 0540TXM ENF008



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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 01, 2005
Date

Teri Macchiaroli
Authorized Agent

T MACCHIAROLI
Print name, e-mail address, phone and fax number
TELEPHONE: (805) 781-5734
FAX: (805) 781-5156
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: SAN LUIS OBISPO

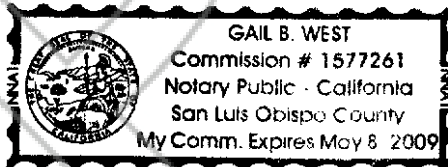
I certify that **T MACCHIAROLI** appeared before me and is known to me as the individual who signed the above.

GAIL B. WEST

Date 12/01/2005

Gail B West
Notary Public

My appointment expires _____



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

7624/OCT 05 40TXM ENF008

