

OFFICIAL RECORD

Requested By:
COUNTY OF SAN MATEO

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

✓ SHARON K HEATH CSB#114941
LEAD CHILD SUPPORT ATTORNEY
SAN MATEO COUNTY DCSS
555 COUNTY CENTER
CALL BOX 8084
REDWOOD CITY, CA 94063-8084

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0206 PG- 5027 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: SHARON K HEATH CSB#114941 LEAD CHILD SUPPORT ATTORNEY SAN MATEO COUNTY DCSS 555 COUNTY CENTER CALL BOX 8084 REDWOOD CITY, CA 94063-8084 | | 0595731 41DCM | FOR RECORDER'S USE ONLY |
| TELEPHONE NO.: (650) 366-8221 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD | | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO STREET ADDRESS: 400 COUNTY CENTER MAILING ADDRESS: 400 COUNTY CENTER CITY AND ZIP CODE: REDWOOD CITY, CA 94063-1655 BRANCH NAME: SUPERIOR COURT COUNTY OF SAN MATEO | | | |
| PETITIONER/PLAINTIFF: LISA J. GALLI RESPONDENT/DEFENDANT: DAN J. GALLI OTHER PARENT: | | | |
| NOTICE OF LIEN | | CASE NUMBER: 340729 | |

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)

**DAN J. GALLI
1430 EDLESBOROUGH CIRCLE
GARDNERVILLE, NV 89410-5802**

DOB: 07-23-1959

SSN: ██████████0224

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)

**SAN MATEO COUNTY DCSS
555 COUNTY CENTER
CALL BOX 8084**

REDWOOD CITY, CA 94063-8084

TELEPHONE: (650) 366-8221

FAX: (650) 366-4711

E-MAIL ADDRESS:

Obligee:

(Name)

LISA J. LAIRD

IV-D Case#: 0595731

This lien results from a child support order, entered on **06-28-1989** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SAN MATEO** in CA tribunal number **340729**

As of **12-27-2005**, the obligor owes unpaid support in the amount of **\$44,051.24**

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:

7624/OCT 0541DCM ENF007.



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BK- 0206
PG- 5028
02/16/2006

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.

DEC 27 2005
Date

Danielle McGuirk
Authorized Agent

DANIELLE MCGUIRK
Print name, e-mail address, phone and fax number
TELEPHONE: (650) 366-8221
FAX: (650) 366-4711
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 MATEO

I certify that **DANIELLE MCGUIRK**
the individual who signed the above.

appeared before me and is known to me as

Date SEP 27 2005



Notary Public

My appointment expires 3.8.09



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