RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150 DOC # 0670159
03/20/2006 09:08 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
EL DORADO COUNTY

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee:

17.00

BK-0306 PG-6540 RPTT:



TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X Recording requested by and return to:	0054753 09DGR	FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150 TELEPHONE NO.: (630) 573-3455 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 1354 JOHNSON BLVD SUITE 2 MAILING ADDRESS: 1354 JOHNSON BLVD SUITE 2 CITY AND ZIP CODE : SOUTH LAKE TAHOE, CA 96150 BRANCH NAME: SUPERIOR COURT OF CALIFORNIA, EL DORADO		
PETITIONER/PLAINTIFF: COUNTY OF EL DORADO RESPONDENT/DEFENDANT: CHRISTOPHER S. NICOLOSI OTHER PARENT: TERI M. NICOLOSI		
NOTICE OF LIEN		CASE NUMBER: SFS20050100

Notice of Lien

TO:

(Name/Address of recorder or asset holder)

DOUGLAS COUNTY RECORDER P O BOX 218 MINDEN, NV 89423

Obligor:

(Name/Address/DOB/SSN)

CHRISTOPHER S. NICOLOSI

P.O. BOX 3254

STATELINE, NV 89449

DOB: 08-22-1958

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 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150

TELEPHONE: (530) 573-3455

FAX: (530) 541-1820

E-MAIL ADDRESS:

Obligee: (Name)

TERI M. NICOLOSI

IV-D Case#: 0054753

This lien results from a child support order, entered on 09-07-2005 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number SFS20050100

As of 01-13-2006, the obligor owes unpaid support in the amount of \$2,084.56. 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:

137 KAHLE DRIVE #3 STATELINE, NV 89449

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BK- 0306 PG- 6541 03/20/2006 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. [X] Submitted by a IV-D agency/office on behalf of the named obligee

JANUARY 13, 2006

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.

Date	Authorized Agent
	DADLENE O DUCED HALL
	DARLENE G. RUGER HALL
/ /	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (530) 573-3455
1 (FAX: (530) 541-1820
	E-MAIL ADDRESS:
\ \	
B. [] Submitted by an	obligee or a private (non-IV-D) attorney or entity on behalf of an
	above referenced order [or]
[] an attorney or ent	ity representing the above named obligee
I certify under penalty of perju	ury that the information contained in this notice is true and accurate
and that this lien is submitted For additional information requ	in accordance with the laws of the State of California. arding this lien, including the pay-off amount, please contact the
obligee listed above.	arding the nort, melading the pay are amount, produce contact the
\	
Date	Signature
50.0	Signature
	T. Control of the con
	Print name, e-mail address, phone and fax



BK- 0306 PG- 6542 03/20/2006 Notary State: CALIFORNIA

County:

EL DORADO

I certify that

DARLENE G. RUGER HALL

appeared before me and is known to me as

the individual who signed the above.

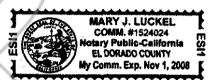
Date 1-13-06

MARY J. LUCKEL

Notary Public

My appointment expires.

11-01-2006



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

BK- 0306 PG- 6543 03/20/2006