

OFFICIAL RECORD
Requested By:
COUNTY OF NEVADA

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ KATHLEEN L. HREPICH
DIRECTOR
DEPARTMENT OF CHILD SUPPORT SERVICES
840 E MAIN ST, STE A
GRASS VALLEY, CA 95945

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0306 PG- 9118 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: KATHLEEN L. HREPICH DIRECTOR DEPARTMENT OF CHILD SUPPORT SERVICES 840 E MAIN ST, STE A GRASS VALLEY, CA 95945 TELEPHONE NO.: (530) 271-5437 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	2001360 29EAL	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA STREET ADDRESS: 201 CHURCH STREET MAILING ADDRESS: 201 CHURCH STREET CITY AND ZIP CODE: NEVADA CITY, CA 95959 BRANCH NAME: NEVADA COUNTY SUPERIOR COURT		
PETITIONER/PLAINTIFF: JOHN DANI RESPONDENT/DEFENDANT: GINA DANI OTHER PARENT:		
NOTICE OF LIEN		CASE NUMBER: FL03343

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)

**JOHN T. DANI
C/O PAM & DEREK WATSON
10078 THREE SEVENS PL
GRASS VALLEY, CA 95949**

DOB: 01-24-1973

SSN: ██████████5793

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
840 E MAIN ST, STE A
GRASS VALLEY, CA 95945**

TELEPHONE: (530) 271-5437 FAX: (530) 271-5436
E-MAIL ADDRESS: LIZ.LARSEN@CO.NEVADA.CA.US

Obligee:

(Name)

GINA M. DANI

IV-D Case#: 2001360

This lien results from a child support order, entered on _____ by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF NEVADA** in CA tribunal number **FL03343**

As of **03-03-2006**, the obligor owes unpaid support in the amount of **\$ 2364.82**

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:

PARCEL NO 1220-22-110-015 (1448 JAMES ROAD, GARDNERVILLE, NV)

7624/OCT 05 29EAL ENF003



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.

MARCH 03, 2006

Date



Authorized Agent

ELIZABETH A. LARSEN

Print name, e-mail address, phone and fax number

TELEPHONE: (530) 271-5437

FAX: (530) 271-5436

E-MAIL ADDRESS: LIZ.LARSEN@CO.NEVADA.CA.US

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

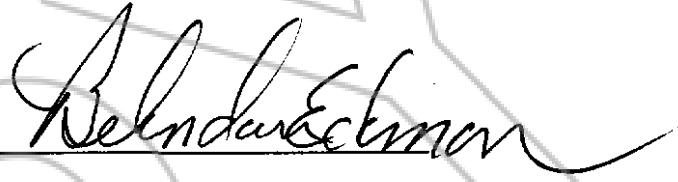
County: NEVADA

I certify that **ELIZABETH A. LARSEN**
the individual who signed the above.

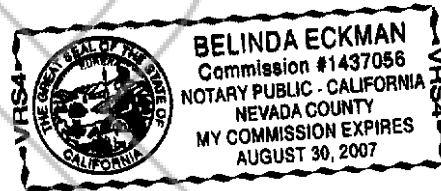
appeared before me and is known to me as

Date 3/3/06

BELINDA ECKMAN
Notary Public



My appointment expires 8/30/07



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

7624/OCT 05 29EAL ENF003

