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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

C. STANLEY TROM

DEPARTMENT OF CHILD SUPPORT SERVICES 4651 TELEPHONE ROAD SUITE 101 VENTURA, CA 93003 DOC # 0673328 04/24/2006 11:36 AM Deputy: KLJ OFFICIAL RECORD Requested By: VENTURA COUNTY

> Douglas County - NV Werner Christen - Recorder

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0.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

## NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  X Recording requested by and return to:  C. STANLEY TROM	FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES  4651 TELEPHONE ROAD  SUITE 101 VENTURA, CA 93003  TELEPHONE NO.: (805) 654-5200	
ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  STREET ADDRESS: 800 S. VICTORIA AVENUE  MAILING ADDRESS: 800 S. VICTORIA AVENUE  CITY AND ZIP CODE: VENTURA, CA 93009-2130  BRANCH NAME: VENTURA COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: COUNTY OF VENTURA ET AL RESPONDENT/DEFENDANT: SANDY PAUL GENNARINI OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: D185459

7624/OCT 05 56DOB ENF002 ENF

## **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)

SANDY P. GENNARINI

PO BOX 10301

**ZEPHYR COVE, NV 89448-2301** 

DOB: 10-15-1965

SSN: 1803

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** 

**4651 TELEPHONE ROAD** 

**SUITE 101** 

VENTURA, CA 93003

TELEPHONE: (805) 654-5200

FAX: (805) 658-4179

E-MAIL ADDRESS:

Obligee:

(Name)

**DEBRA A. ZWICK** 

IV-D Case#: 0008669

This lien results from a child support order, entered on 09-26-1990 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF VENTURA in CA tribunal number D185459

As of 04-07-2006, the obligor owes unpaid support in the amount of \$140,808.42 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 0556MAB ENFO02 ENF

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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. [X] 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.

APRIL 04, 2006	allel Dell
Date	Authorized Agent
	DULCE BEST
	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (805) 654-5200
1 (	FAX: (805) 658-4179
	E-MAIL ADDRESS:
_ \ \	\ \
B. [ ] Submitted by an obligee o	or a private (non-IV-D) attorney or entity on behalf of an
I am [ ] the obligee of the above ref	foreneed order [or]
	enting the above named obligee
	he information contained in this notice is true and accurate
	dance with the laws of the State of California. s lien, including the pay-off amount, please contact the
obligee listed above.	
Date	C:
Date	Signature
	Print name e-mail address phone and fax

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