## RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150 DOC # 0677092 06/13/2006 09:51 AM Deputy: CF OFFICIAL RECORD Requested By: EL DORADO COUNTY

> Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: BK-0606 PG-3892 RPTT:

17.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

## **NOTICE OF LIEN**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  O013034  O9MJL	FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES  3368 LAKE TAHOE BLVD #100  SOUTH LAKE TAHOE, CA 96150  TELEPHONE NO.: (530) 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, ET AL., RESPONDENT/DEFENDANT: CHRIS WEATHERBEE OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: SLT7636

## **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 R. WEATHERBEE

1280 KYDAL WAY

**GARDNERVILLE, NV 89410** 

DOB: 03-22-1962

SSN: 547-33-6580

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)

ANN M. COOPER

IV-D Case#: 0013034

This lien results from a child support order, entered on 06-25-2005 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number SLT7636

As of 02-16-2006, the obligor owes unpaid support in the amount of \$34,108.35. 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:

1280 KYDAL WAY GARDNERVILLE, NV 89410

7624/OCT 05 09MJL ENF042

0677092 Page: 2 Of 4

BK- 0606 pg- 3893 06/13/2006 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

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.

FEBRUARY 16, 2006	Narlene Ruger. (Thee
Date -	Authorized Agent
	DARLENE RUGER-HALL
	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (530) 573-3455
( (	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
D. [ ] Submitted by an obligee	or a private (non-re-b) actorney or entity on benalt or an
I am [ ] the obligee of the above re	eferenced order [or]
2 L	senting the above named obligee
	the information contained in this notice is true and accurate
	rdance with the laws of the State of California.  nis lien, including the pay-off amount, please contact the
obligee listed above.	
/_/	<u> </u>
Date	Signature
	Print name a mail address phase and for
	Print name, e-mail address, phone and fax

BK- 0606 PG- 3894 06/13/2006

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Notary State: CALIFORNIA

County:

EL DORADO

I certify that DARLENE RUGER HALL the individual who signed the above.

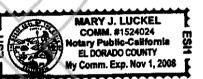
appeared before me and is known to me as

Date 02/16/06

MARY J. LUCKEL

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 09MJL ENF042

BK- 0606 PG- 3895 06/13/2006