

OFFICIAL RECORD
Requested By:
EL DORADO COUNTY

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

✓ CHILD SUPPORT ATTORNEY *****
DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 391
PLACERVILLE, CA 95667

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0706 PG- 8641 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: CHILD SUPPORT ATTORNEY ***** DEPARTMENT OF CHILD SUPPORT SERVICES PO BOX 391 PLACERVILLE, CA 95667 TELEPHONE NO.: (530) 621-5600 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		0051954 09VLA FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 495 MAIN STREET MAILING ADDRESS: 495 MAIN STREET CITY AND ZIP CODE: PLACERVILLE, CA 95667 BRANCH NAME: SUPERIOR COURT OF CALIFORNIA, EL DORADO		
PETITIONER/PLAINTIFF: COUNTY OF EL DORADO RESPONDENT/DEFENDANT: DAVID CHAVEZ OTHER PARENT: SANDRA HICKS		
NOTICE OF LIEN		CASE NUMBER: PFS20030370

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)

DAVID CHAVEZ

**1296 REDWOOD CIRCLE #4
GARDNERVILLE, NV 89460-8826**

DOB: 01-14-1974

SSN: [REDACTED] 0712

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
PO BOX 391
PLACERVILLE, CA 95667**

TELEPHONE: (530) 621-5600

FAX: (530) 621-2022

E-MAIL ADDRESS:

Obligee:

(Name)

SANDRA HICKS

IV-D Case#: 0051954

This lien results from a child support order, entered on **03-30-2005** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO** in CA tribunal number **PFS20030370**

As of **06-14-2006**, the obligor owes unpaid support in the amount of \$ **\$2726.65**

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:

1296 REDWOOD CIRCLE #4 GARDNERVILLE, NV 89460 8826

7624/OCT 0509VLA LAS011.



0680478

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BK- 0706
PG- 8642
07/25/2006

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.

June 14, 2006
Date

Valerie L. Akana
Authorized Agent

VALERIE L. AKANA

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

TELEPHONE: (530) 621-5600

FAX: (530) 621-2022

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

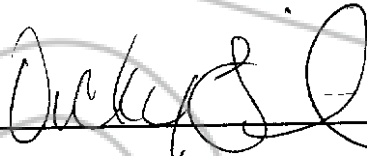
County: EL DORADO

I certify that **VALERIE L. AKANA**
the individual who signed the above.

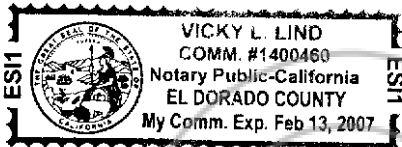
appeared before me and is known to me as

Date June 14 2006

VICKY L. LIND
Notary Public



My appointment expires 2/13/07



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

