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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

PAT SHAW CHILD SUPPORT ATTORNEY DEPARTMENT OF CHAD SUPPORT SERVICES PO BOX 1679 LAKEPORT, CA 95453-1679 DOC # 0682494
08/17/2006 10:22 AM Deputy: GB
OFFICIAL RECORD
Requested By:
LAKE COUNTY DCSS

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00 BK-0806 PG-6892 RPIT: 0.00



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to:	0000543 170RB	FOR RECORDER'S USE ONLY
PAT SHAW CHILD SUPPORT ATTORNEY		
DEPARTMENT OF CHILD SUPPORT SERVICES		
PO BOX 1679 LAKEPORT, CA 95453-1679		
TELEPHONE NO.: (707) 262-4300 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECOR	D	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LAKE STREET ADDRESS: 255 N. FORBES STREET MAILING ADDRESS: 255 N. FORBES STREET		
CITY AND ZIP CODE : LAKEPORT, CA 95453 BRANCH NAME: SUPERIOR COURT OF CALIFORNIA		
PETITIONER/PLAINTIFF: COUNTY OF LAKE	7 /	
RESPONDENT/DEFENDANT: KEVIN I. ROQUE	/ /	
OTHER PARENT:		
		CASE NUMBER:
NOTICE OF LIEN		29355-0

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)

KEVIN I. ROQUE PO BOX 6344

STATELINE, NV 89449-6344

DOB: 02-07-1962

7331

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 1679 LAKEPORT, CA 95453-1679

TELEPHONE: (707) 262-4300

FAX: (707) 263-3948

E-MAIL ADDRESS:

Obligee: (Name)

IV-D Case#: 0000543

This lien results from a child support order, entered on 04-12-1995 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF LAKE in CA tribunal number 29355-0

As of 06-14-2006, the obligor owes unpaid support in the amount of \$1,304.20 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:

ANY AND ALL

7624/OCT 0517DRB LAS008

0682494 Page: 2 Of 4 08/17/2006

0806 BK-PG-6893 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.

JUNE 14, 2006	Man Jan	
Date	Authorized Agent	
	DAWN R. BINNS	
	Print name, e-mail address, phone and fax number	
/ /	TELEPHONE: (707) 262-4300	
	FAX: (707) 263-3948	
	E-MAIL ADDRESS:	
B. [] Submitted by an obligee or a priva	ite (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	

BK- 0806 PG- 6894 8/17/2006

ACKNOWLEDGMENT

STATE OF CALIFORNIA COUNTY OF LAKE

On June 14, 2006, before me,

BESSIDE KNISS

NOTARY PUBLIC

for the State of California, personally

appeared

, personally known

to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

BESSIE H. KNISS Commission # 1393603 Notary Public - California Lake County My Comm. Explires Jan 22, 2007

(Seal)

CASE: 0000543 COURT NO.: 29355-0

KEVIN I. ROQUE

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