

OFFICIAL RECORD

Requested By:
CENTRAL SIERRA CHILD SUPPORT

AGENCY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0906 PG- 7637 RPTT: 0.00



**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

LON HAMBURGER
CHILD SUPPORT ATTORNEY
CENTRAL SIERRA CHILD SUPPORT AGENCY
639 NEW YORK RANCH ROAD
JACKSON, CA 95642

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: LON HAMBURGER CHILD SUPPORT ATTORNEY CENTRAL SIERRA CHILD SUPPORT AGENCY 639 NEW YORK RANCH ROAD JACKSON, CA 95642		0022477 05BAL	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (209) 754-6780 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS STREET ADDRESS: 891 MOUNTAIN RANCH ROAD MAILING ADDRESS: 891 MOUNTAIN RANCH ROAD CITY AND ZIP CODE: SAN ANDREAS, CA 95249-9709 BRANCH NAME: CALAVERAS SUPERIOR COURT			
PETITIONER/PLAINTIFF: COUNTY OF STANISLAUS, ET AL RESPONDENT/DEFENDANT: JOSHUA A. HALSTEAD OTHER PARENT: JULIE L. SANTOS			
NOTICE OF LIEN			CASE NUMBER: CV32729

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)

**JOSHUA A. HALSTEAD
PO BOX 1458
ZEPHYR COVE, NV 89448-1458**

DOB: **08-29-1978**

SSN: **██████-5664**

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)

**CENTRAL SIERRA CHILD SUPPORT AGENCY
639 NEW YORK RANCH ROAD
JACKSON, CA 95642**

TELEPHONE: **(209) 754-6780**

FAX: **(209) 223-6295**

E-MAIL ADDRESS:

Obligee:

(Name)

JULIE L. SANTOS

IV-D Case#: **0022477**

This lien results from a child support order, entered on **08-31-2000** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF CALAVERAS** in CA tribunal number **CV32729**

As of **08-14-2006**, the obligor owes unpaid support in the amount of **\$9,757.19**.

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:

NO APN

7624/OCT 0505BAL ENF002

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.

AUGUST 14, 2006

Date


Authorized Agent

BETH A. LOUIS

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

TELEPHONE: (209) 754-6780

FAX: (209) 223-6295

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: CALAVERAS

I certify that **BETH A. LOUIS**
the individual who signed the above.

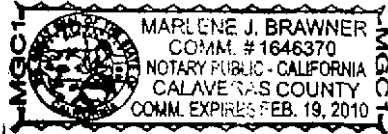
appeared before me and is known to me as

Date 8/15/06

Marlene J. Brawer

MARLENE J. BRAWNER
Notary Public

My appointment expires 2-19-10



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

