J.

|   | Assessor's Parcel Number:  Recording Requested By:               |  |  |
|---|--|--|--|
|   |  |  |  |
| ٧ | Name: Julie M. Tiede, SB#121999                                  |  |  |
|   | Director, Mono County Child<br>Support<br>Address: P.O. Rox 5044 |  |  |
|   | City/State/Zip Mammoth Lakes, CA 93546                           |  |  |
|   | Real Property Transfer Tax:                                      |  |  |

DOC # 0687602 10/31/2006 10:01 AM Deputy: CF OFFICIAL RECORD Requested By: COUNTY OF MONO

Douglas County - NV Werner Christen - Recorder me: 1 Of 3 Fee: 16.00

Page: 1 Of 3 Fee: BK-1006 PG-11205 RPTT:



0.00

OK Par EI

NOTICE REGARDING PAYMENT OF SUPPORT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C\bc docs\Cover page for recording

Page 1 of 2

602

687

Family Code, \$5 4200, 4201, 4204, 4350, 4351,4508.3, 17400 www.courtinto.ca.gov



| PETITIONER/PLAINTIFF: STATE OF OHIO ON BEHALF OF RESPONDENT/DEFENDANT: KEITH P. BREEDLOVE   | CASE NUMBER: 12245  |  |  |
|---|---|--|--|
| OTHER PARENT:   |   |  |  |
| NOTICE OF SUPPORT COLLECTION: For purposes of collection only, the governmental agency identified in the top left box is assignee of record of all support obligations as specified below and that agency will appear in this case to enforce  a. X all support obligations   |   |  |  |
| b. support arrears only   | \ \   |  |  |
| 7. a. Each parent must notify the local child support agency in writing within  | 10 days of any change in residence or omploymen   |  |  |
|   |   |  |  |
| <ul> <li>Each parent must complete a Child Support Case Registry Form (FL-191 change in residence or employment.</li> </ul>   | , and me it with the court within 10 days of any  |  |  |
| Date: 13-14-05  |   |  |  |
| JACK J. MCKINNEY  | ch Mckane   |  |  |
| (TYPE OR PRINT NAME)  | (SIGNATURE)   |  |  |
| A CHAICHAIL ED CANTAIT  |   |  |  |
| ACKNOWLEDGMENT (To be completed only when this form is recorded)  |   |  |  |
| in the same same same same same same same sam   |   |  |  |
|   |   |  |  |
| STATE OF CALIFORNIA COUNTY OF MONO On 12-14-05, before me, Jan Priddy   |   |  |  |
| On /2-/4-05 , before me, Jan Machinery  |   |  |  |
| Notary Public, personally appeared: JACK J. MCKINNEY  |   |  |  |
| 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.  |   |  |  |
| (SIGNATURE OF NOTARY)   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |  |  |
|   | JAN PRIDDY COMM. #1398051 H NOTARY PUBLIC CALIFORNA MONO COUNTY My Comm. Exp. Feb 8, 2007 |  |  |

(Seal)