in the

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

SANDRA L. GRAVANO CHIEF ATTORNEY DEPARTIMENT OF CHILD SUPPORT SERVICES P.O. BOX 3199 MERCED, CA 95344 DOC # 0689848 12/01/2006 11:15 AM Deputy: DW OFFICIAL RECORD Requested By: COUNTY OF MERCED

> Douglas County - NV Werner Christen - Recorder

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BK-1206 PG-

PG- 301 RPTT:



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X Recording requested by and return to: 24LAP2	FOR RECORDER'S USE ONLY
SANDRA L. GRAVANO CHIEF ATTORNEY	e geta
DEPARTMENT OF CHILD SUPPORT SERVICES	
P.O. BOX 3199	
MERCED, CA 95344	
TELEPHONE NO.: (209) 381-1300	
ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED	
STREET ADDRESS: 1901 G STREET	-
MAILING ADDRESS: 2222 M STREET	
CITY AND ZIP CODE: MERCED, CA 95340 BRANCH NAME: MERCED COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: COUNTY OF MERCED	
RESPONDENT/DEFENDANT: JOHN C. WALLER	
OTHER PARENT: SHAUNA M. MASTON	
	CASE NUMBER:
NOTICE OF LIEN	28078

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24LAP2 LASO04 MED

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)

JOHN C. WALLER PO BOX 93

DAYS CREEK, OR 97429-0093

DOB: 04-20-1968

SSN: ■ 2431

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 P.O. BOX 3199 **MERCED, CA 95344**

TELEPHONE: (209) 381-1300

FAX: (209) 722-0556

E-MAIL ADDRESS:

Obligee: (Name)

SHAUNA M. MASTON

IV-D Case#: 0722924

This lien results from a child support order, entered on 10-17-2006 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF MERCED in CA tribunal number 28078

As of 11-22-2006, the obligor owes unpaid support in the amount of \$3,353.66 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 PROPERTY UNDER THE NAME OF JOHN WALLER.

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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.

[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.

NOVEMBER 22, 2006	LAKOUN J. De
Date	Authorized Agent
	_ \
	LIZABETH A. PIPER
	Print name, e-mail address, phone and fax number
	TELEPHONE: (209) 381-1300
/ /	FAX: (209) 722-0556
	E-MAIL ADDRESS:
\ \	
_ \ \	
B. [] Submitted by an obligee or a	private (non-IV-D) attorney or entity on behalf of an
Laure T. Jahra shilines a balla a b	
I am [] the obligee of the above refere	
	333
I certify under penalty of perjury that the	information contained in this notice is true and accurate
and that this lien is submitted in accordan	ce with the laws of the State of California.
obligee listed above.	en, including the pay-off amount, please contact the
\ / /	
Date	Signature
	<u> </u>
	Print name, e-mail address, phone and fax

PG-

303

Notary State: CALIFORNIA

MERCED County:

I certify that

LIZABETH A. PIPER

appeared before me and is known to me as

the individual who signed the above.

Date 11-27-06

My appointment expires.



SHAREE B. FRAZIER Commission # 1590246 Notary Public - California **Merced County** My Comm. Expires Jun 26, 2009

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

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