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DOC # 0714018
11/30/2007 11:03 AM Deputy: SD

OFFICIAL RECORD

Requested By:
BUTTE COUNTY DEPT OF CHILD
SUPPORT

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 43.00
BK-1107 PG- 7805 RPTT: 0.00



Assessor's Parcel Number: 122024501030

Recording Requested By:

Name: Butte Co. Dept. of Child Support

Address: 1474 Myers Street

City/State/Zip: Oroville, Ca. 95965

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Please complete Affirmation Statement below:

_____ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

_____ I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: OMB Ctrl # 0970-0153 (state specific law)

Alex Iniguez
Signature (Print name under signature)

Child Support Specialist II
Title

Alex Iniguez

Federal Notice of Lien

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: _____ (Document Title), Book: _____ Page: _____

Document # _____ recorded _____ (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

RECORDING REQUESTED BY
BUTTE COUNTY DEPARTMENT OF CHILD
SUPPORT SERVICES

COUNTY CODE: 0600700

WHEN RECORDED MAIL TO
BUTTE COUNTY DEPARTMENT OF CHILD
SUPPORT SERVICES
1474 MYERS ST
OROVILLE CA 95965-4930

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: SHARON A. STONE, DIRECTOR BUTTE COUNTY 1474 MYERS ST 1474 MYERS ST OROVILLE CA 95965-4930</p> <p>TELEPHONE NO.: (530) 538-7088 FAX NO. (Optional): (530) 538-6500</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0070036210-01</p> <p>CASE NUMBER: FL025238</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE</p> <p>STREET ADDRESS: 1 COURT ST MAILING ADDRESS: 1 COURT ST CITY AND ZIP CODE: OROVILLE 95965-3303 BRANCH NAME: BUTTE COUNTY COURTHOUSE</p>	
<p>PETITIONER/PLANTIFF: MICHELLE FOSDICK RESPONDENT/DEFENDANT: DUANE FOSDICK OTHER PARENT:</p>	
<p>NOTICE OF LIEN</p>	



NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder)
DOUGLAS COUNTY RECORDER'S
P O BOX 218, 1616 8TH ST., MINDEN NV 89423

Obligor:

(Name/Address/DOB/SSN)
FOSDICK, MICHELLE L, 09/01/1969, [REDACTED]
765 ROAN CIR, GARDNERVILLE NV 89410-6833

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 BUTTE COUNTY
1474 MYERS ST, OROVILLE CA 95965-4930
(530) 538-7088, (530) 538-6500

Obligee:

(Name)
DUANE H FOSDICK

IV-D Case #: 0070036210-01

This lien results from a child support order, entered on 03/13/2007 by SUPERIOR COURT OF CALIFORNIA in BUTTE tribunal number FL025238.

As of 11/08/2007, the obligor owes unpaid support in the amount of \$263.76
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:

Nevada Deed Transfer Records-County of: Douglas
Parcel # 122024501030
Doc # 702737
Book # 607
Page # 2779

Property Address: 765 Roan Cir, Gardnerville, NV. 89410



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.

11/08/2007

Date


Authorized Agent

JOSE A. SANTANA

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

B. Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an obligee

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 _____.
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 number



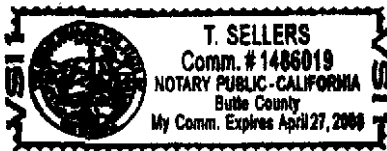
Notary State: California

County: Butte

I certify that Jose A. Santana appeared before me and is known to me as the individual who signed the above.

Date: 11-8-07

T. Sellers Sellers
Notary public



My appointment expires 4-27-08

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

