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DOC # 0714576
12/10/2007 11:41 AM Deputy: DW
OFFICIAL RECORD
Requested By:
COUNTY OF EL DORADO

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: BK-1207 PG-1908 RPTT:

17.00 0.00

RECORDING REQUESTED BY EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601700

WHEN RECORDED MAIL TO
EL DORADO COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
3057 BRIW RD STE B
PLACERVILLE CA 95667-5321

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

## **DOCUMENT TITLE**

# NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  Recording requested by and return to: DAVID L. BURNS . ATTORNEY  EL DORADO COUNTY 3057 BRIW RD STE B PO BOX 391 PLACERVILLE CA 95667-5321  TELEPHONE NO.: (866) 901-3212  FAX NO. (Optional): (530) 621-2022  ATTORNEY FOR  JUDGMENT CREDITOR  ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO  STREET ADDRESS: 495 MAIN ST  MAILING ADDRESS: 495 MAIN ST  CITY AND ZIP CODE: PLACERVILLE 95667-5628  BRANCH NAME: PLACERVILLE BRANCH  PETITIONER/PLANTIFF: HOWARD S MILLER  RESPONDENT/DEFENDANT: JENNIFER L MILLER  OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: PFL20050113

#### NOTICE OF LIEN

#### TO:

(Name/Address of recorder or asset holder) **Douglas County** P.O Box 218, Minden NV 89423

Obligor:

(Name/Address/DOB/SSN) MILLER, HOWARD S, 05/28/1975, 1532 JOHNSON LN, MINDEN NV 89423-8011

#### 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) EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES PO BOX 391, PLACERVILLE CA 95667-0391 (866) 901-3212, dcss@co.el-dorado.ca.us, (530) 621-2022

Obligee:

(Name) JENNIFER L MILLER

IV-D Case #: 20000000108921

This lien results from a child support order, entered on 04/22/2005 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFL20050113.

, the obligor owes unpaid support in the amount of \$ As of 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:

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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.

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.

10/09/2007	+tha I	$\mathcal{I}$
Date	Authorized Age	nt

### ANA B HOGREFE

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

В,	obligee	oy an obligee o	r a private (non-1V-D) attorney or entity on benail of an
I am	[] the obligee	of the above re	ferenced order [or]
	[] an attorney	or entity repres	senting the above named obligee
and the For a	hat this lien is sub	omitted in accor	the information contained in this notice is true and accurate rdance with the laws of the State of this lien, including the pay-off amount, please contact the
Date		-	Signature
		/ /	Print name, e-mail address, phone and fax number

BK- 1207 PG- 1910 2/10/2007 Notary State: CALIFORNIA

County: EL DORADO



I certify that ANA B. HOGREFE appeared before me and is known to me as the individual who signed the above.

Date: 10/09/2007

Notary public , JULIET H. ERESE

My appointment expires 01 - 21 - 2011

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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