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DOC # 0730789
09/29/2008 03:01 PM Deputy: EI
OFFICIAL RECORD
Requested By:
COUNTY OF EL DORADO

RECORDING REQUESTED BY
EL DORADO COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0908 PG- 6214 RPTT: 0.00

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> 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</p> <p>TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 621-2022</p> <p><input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0170051954-01</p> <p>CASE NUMBER: PFS20030370</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</p> <p>STREET ADDRESS: 495 MAIN ST MAILING ADDRESS: 495 MAIN ST CITY AND ZIP CODE: PLACERVILLE 95667-5628 BRANCH NAME: PLACERVILLE BRANCH</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF EL DORADO RESPONDENT/DEFENDANT: DAVID CHAVEZ OTHER PARENT: SANDRA HICKS</p>	
<p>NOTICE OF LIEN</p>	

NOTICE OF LIEN

TO:
DOUGLAS CO RECORDER
P O BOX 218, MINDEN NV 89423

Obligor:
DAVID CHAVEZ, 01/14/1974,
2779 OTHELLO AVE, SAN JOSE CA 95122-1322

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

Obligee:
SANDRA HICKS
IV-D Case #: 0170051954-01

This lien results from a child support order, entered on 03/30/2005 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20030370.

As of 8/1/08 , the obligor owes unpaid support in the amount of \$5,062.71
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:
NONE SPECIFIED

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.

08/01/2008

Date

Marie Dumont
Authorized Agent

MARIE DUMONT

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: _____

County: _____

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

Date: _____

Notary public

My appointment expires _____

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



California All-Purpose Acknowledgment

State of California

County of EL DORADO

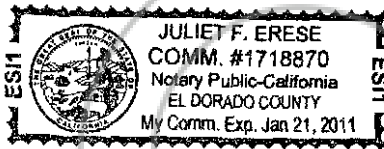
On 08/01/2008 before me, JULIET F. ERESE, NOTARY PUBLIC
Date Insert Name and Title of Officer

Personally appeared MARIE DUMONT
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above

Signature

Juliet F. Erese
Signature of Notary Public

Optional

Description of Attached Document

Title or Type of Document: NOTICE OF LIEN / PFS 20030370

Document Date: 08/01/2008 Number of Pages: 5 (INCLUDING THIS PAGE)