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NO APN

DOC # 0734621
12/17/2008 10:37 AM Deputy: SG

OFFICIAL RECORD

Requested By:
MARIN COUNTY CHILD SUPPORT

DEPT
Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00
BK-1208 PG- 3420 RPTT: 0.00



RECORDING REQUESTED BY
MARIN COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0604100

✓ WHEN RECORDED MAIL TO
MARIN COUNTY DEPARTMENT OF CHILD
SUPPORT SERVICES
7655 REDWOOD BLVD
NOVATO CA 94945-1408

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: KEITH C. PEPPER, DIRECTOR MARIN COUNTY 7655 REDWOOD BLVD PO BOX 6145 NOVATO CA 94945-1408</p> <p>TELEPHONE NO.: (415) 507-4068 FAX NO. (Optional): (415) 507-4150</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>0410302748-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN</p> <p>STREET ADDRESS: 3501 CIVIC CENTER DR, RM 113 MAILING ADDRESS: PO BOX 4988 CITY AND ZIP CODE: SAN RAFAEL 94913-4988 BRANCH NAME: SUPERIOR COURT</p>	
<p>PETITIONER/PLANTIFF: FRANK JAMES LAEREMAN RESPONDENT/DEFENDANT: MARY KAREN LAEREMAN OTHER PARENT:</p>	
<p>NOTICE OF LIEN</p>	
<p>CASE NUMBER: FL 051111</p>	

NOTICE OF LIEN

TO:
DOUGLAS COUNTY RECORDER
PO BOX 218, MINDEN NV 89423

Obligor:
FRANK J LAEREMAN,
126 PELICAN LN, NOVATO CA 94949-6612

FROM:
MARIN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 6145, NOVATO CA 94948-6145
(415) 507-4068, lcsa@co.marin.ca.us , (415) 507-4150

Obligee:
MARY K LAEREMAN
IV-D Case #: 0410302748-01

This lien results from a child support order, entered on 07/13/2006 by SUPERIOR COURT OF CALIFORNIA in MARIN tribunal number FL 051111.

As of 11/1/08 , the obligor owes unpaid support in the amount of \$8,535.90
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:

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.

DEC 10 2008
Date

James A Powers
Authorized Agent

JAMES A POWERS

Print name, e-mail address, phone and fax number *See Attached*

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of MARIN

On 12-10-2008 before me, Stephanie Lanette Reed, notary public of California,
Date Here Insert Name and Title of the Officer

personally appeared JAMES A. Powers
Name(s) of Signer(s)

who 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.

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 Stephanie Lanette Reed
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

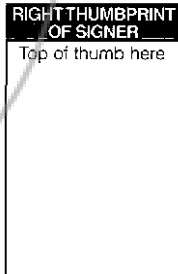
Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

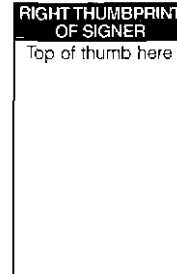
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____