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DOC # 0745158
06/15/2009 01:47 PM Deputy: GB

OFFICIAL RECORD

Requested By:
STATE OF WASHINGTON

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0609 PG- 4276 RPTT: 0.00



NOTICE OF LIEN

TO: (Name/Address of recorder or asset holder)

DOUGLAS COUNTY NEVADA
ASSESSOR'S OFFICE C/O DOUGLAS COUNTY
ADM *Recorder*
PO BOX 218
MINDEN NV NV 98423

Obligor: (Name/Address/DOB/SSN)

ROBERT DEAN COMPTON
881 MAHOGANY DR
MINDEN NV 89423

DOB: 5/6/1962

SSN: XXX-XX-5697

Alias Name:

Alias SSN: XXX-XX-

Alias Name:

Alias SSN: XXX-XX-

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)

WASHINGTON STATE DIVISION OF CHILD SUPPORT
PO Box 11520
Tacoma WA 98411-5520

Phone: (253) 922-0454

E-mail: booksj@dshs.wa.gov

Fax: (253) 680-0491

Obligee: (Name) SALLY J SEAGREN

IV-D Case #: 993541

This lien results from a child support order, entered on 07/03/1997
by _____
in NV / DOUGLAS
tribunal number 97-DI-674-I

As of 04/10/2009, the obligor owes unpaid support in the amount of \$ 22,482.52
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:

including but not limited to: 881 Mahogany Dr. Minden, NV; Breathtaking Friesians; Sierra Nevada Plumbing; Holiday Lodge @ 1591 us hwy 395 N Minden, NV

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 This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.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.

April 10, 2009
Date

J Books-Armstrong
Authorized Agent

J BOOKS-ARMSTRONG

booksj@dshs.wa.gov

(253) 922-0454


(253) 680-0491

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

NOTICE OF LIEN
DSSH 09-862 (REV. 04/2008)

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FG VER: (1.4)
2753:04102009/
993541 / 2753


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PG- 4277
06/15/2009

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.

21 May 2009
Date

J Books-Armstrong
Signature
J Books-Armstrong
Booksj@dshs.wa.gov
253-680-0402 / 680-0491 (fax)
Print name, e-mail address, phone and fax number

Notary State: Washington

County of: Pierce

I certify that J BOOKS-ARMSTRONG appeared before me and is known to me as the individual who signed the above.

21 May 2009
Date

[Signature]
Notary Public

My appointment expires 6/1/09

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: 02/28/2011