

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 4 Fee: 17.00
BK-0609 PG- 4310 RPTT: 0.00

COUNTY CODE: 0801700



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 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 621-2022 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY 0170050341-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 486 MAIN ST MAILING ADDRESS: 486 MAIN ST CITY AND ZIP CODE: PLACERVILLE 95667-5628 BRANCH NAME: PLACERVILLE BRANCH</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF EL DORADO RESPONDENT/DEFENDANT: JASON R TOGNOTTI AKA GIBSON OTHER PARENT: TRINA L HAYMAN</p>	
<p>NOTICE OF LIEN</p>	<p>CASE NUMBER: PFS20020045</p>

NOTICE OF LIEN

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

Obligor:
JASON R TOGNOTTI, 07/10/1978, ██████████ 1944
4510 NEWTOWN RD, PLACERVILLE CA 95667-8385

FROM:
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:
TRINA L HAYMAN
IV-D Case #: 0170050341-01

This lien results from a child support order, entered on 08/08/2002 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20020045.

As of 5/16/09 , the obligor owes unpaid support in the amount of \$1119.35
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:
unknown

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.

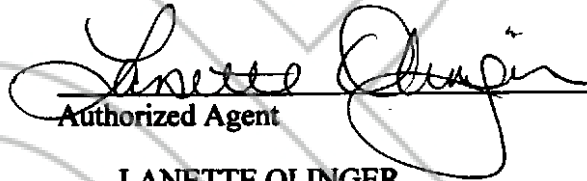
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

05/18/2009

Date



Authorized Agent

LANETTE OLINGER

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of EL DORADO

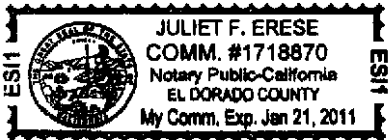
On 05/18/2009 before me, JULIET F. ERESE, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared LANETTE OUNGER
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.



Signature Juliet F. Erese
Signature of Notary Public

Place Notary Seal Above

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: NOTICE OF LIEN / PFS 20020045

Document Date: 05/18/2009 Number of Pages: 5 (INCLUDING THIS PAGE)

Signer(s) Other Than Named Above: n/a

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: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

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

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____