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DOC # 0751025  
09/22/2009 11:09 AM Deputy: GB

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-0909 PG- 4361 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

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	FOR RECORDER'S USE ONLY  0170024068-01
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</b> STREET ADDRESS 1354 JOHNSON BLVD STE 2 MAILING ADDRESS 1354 JOHNSON BLVD STE 2 CITY AND ZIP CODE SOUTH LAKE TAHOE 96150-8218 BRANCH NAME SOUTH LAKE TAHOE BRANCH	
PETITIONER/PLANTIFF. COUNTY OF EL DORADO, ET AL. RESPONDENT/DEFENDANT. MICHAEL JOHN MONAGHAN OTHER PARENT	
<b>NOTICE OF LIEN</b>	CASE NUMBER SD910537

NOTICE OF LIEN

TO:  
Douglas County Recorder  
PO Box 218, Minden NV 89423

Obligor:  
MICHAEL J MONAGHAN, 02/07/1963, [REDACTED] 0480  
172 MICHELLE DR, STATELINE NV 89449

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:  
TERRE L FREDERICK  
IV-D Case #: 0170024068-01

This lien results from a child support order, entered on 04/08/1992 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SD910537.

As of 07/01/2009 , the obligor owes unpaid support in the amount of \$38691.00  
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.

07/23/2009

Date

  
Authorized Agent

WILLIAM MATTOX

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

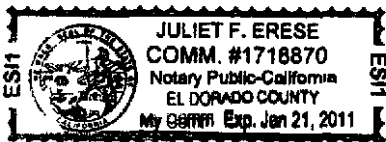
On 07/23/2009 before me, JULIET F. ERESE NOTARY PUBLIC

personally appeared WILLIAM MATTOX

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 Juliet F. Erese

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 / SD910537

Document Date: 07/23/2009 Number of Pages: 5 (INCLUDING THIS PAGE)

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:

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

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 Is Representing: