

OFFICIAL RECORD  
Requested By:  
RIVERSIDE COUNTY

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0909 PG- 5919 RPTT: 0.00



APN # \_\_\_\_\_  
11 digit number may be obtained at:  
<http://sandgate.co.clark.nv.us/cicsAssessor/ownr.htm>

\_\_\_\_\_  
**NOTICE OF LIEN**  
**Type of Document**  
(Example: Declaration of Homestead, Quit Claim Deed, etc.)

**Recording requested by:**

Department of Child Support Services

**Return to:**

**Name** Department of Child Support Services

**Address** 2041 IOWA AVE

**City/State/Zip** RIVERSIDE , CA 92507

**C#** 0650645779-01

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(An additional recording fee of \$1.00 will apply.)

This cover page must be typed or printed clearly in blank ink only.

CS12/03

RECORDING REQUESTED BY  
RIVERSIDE COUNTY DEPARTMENT  
OF CHILD SUPPORT SERVICES

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COUNTY CODE: 0606500

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WHEN RECORDED MAIL TO  
RIVERSIDE COUNTY DEPARTMENT OF  
CHILD SUPPORT SERVICES  
2041 IOWA AVE  
RIVERSIDE CA 92507-2414

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:                  JAMES P. FULLMER, CHIEF DEPUTY CHILD SUPPORT ATTORNEY                  RIVERSIDE COUNTY                  2041 IOWA AVE                  2041 IOWA AVE                  RIVERSIDE CA 92507-2414</p> <p>TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (951) 965-9193</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>0650645779-01</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b></p> <p>STREET ADDRESS: 4175 MAIN ST                  MAILING ADDRESS: PO BOX 431                  CITY AND ZIP CODE: RIVERSIDE 92502-0431                  BRANCH NAME: FAMILY LAW COURT</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF RIVERSIDE                  RESPONDENT/DEFENDANT: STEPHEN G HODGSON                  OTHER PARENT: MICHELLE A HODGSON</p>	
<p><b>NOTICE OF LIEN</b></p>	<p>CASE NUMBER: RIK006503</p>

NOTICE OF LIEN

TO:  
DOUGLAS COUNTY RECORDER  
1616 8TH ST. 2ND FLOOR, MINDEN NV 89423

Obligor:  
STEPHEN G HODGSON, 05/23/1959, [REDACTED] #051  
4030 GRAY HILLS RD, WELLINGTON NV 89444-9405

FROM:  
RIVERSIDE COUNTY DCSS - MAIN OFFICE  
2041 IOWA AVE, RIVERSIDE CA 92507-2414  
(866) 901-3212, (951) 955-9193

Obligee:  
MICHELLE A HODGSON  
IV-D Case #: 0650645779-01

This lien results from a child support order, entered on 12/10/2008 by SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number RIK006503.

As of 7/29/09, the obligor owes unpaid support in the amount of \$ 0.  
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.

07/29/2009  
Date

*Maria Friendly*  
Authorized Agent

MARIA FRIENDY  
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

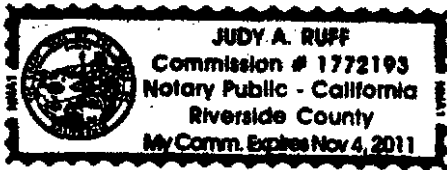
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of RIVERSIDE

On 29 July 2009 before me, Judy A. Ruff, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared MARIA FRIENDLY  
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 Judy A. Ruff  
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: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

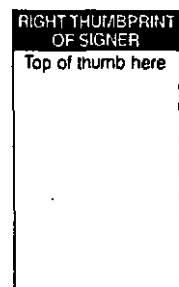
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_