

16-
DOC # 0752232
10/14/2009 02:52 PM Deputy: GB

OFFICIAL RECORD
Requested By:
CHILD SUPPORT SERVICES

RECORDING REQUESTED BY
RIVERSIDE COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1009 PG- 2915 RPTT: 0.00

COUNTY CODE: 0606500



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

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 TELEPHONE NO: (866) 901-3212 FAX NO (Optional) (951) 955-9193 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY 0650314678-01
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4175 MAIN ST MAILING ADDRESS: PO BOX 431 CITY AND ZIP CODE: RIVERSIDE 92502-0431 BRANCH NAME: FAMILY LAW COURT	
PETITIONER/PLANTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: LESMEN F. SANCHEZ OTHER PARENT: TRISTAN M MARTINEZ	
NOTICE OF LIEN	CASE NUMBER: 314678DA

NOTICE OF LIEN

TO:
RECORDER: LINDA STATE
DOUGLAS COUNTY ADMINISTRATION BLDG, 1616 8TH ST, 2ND FLOOR, MINDEN NV 89423

Obligor:
LESMEN F SANCHEZ, 04/17/1975, [REDACTED] 8685
3559 LOAM LN, CARSON CITY NV 89705-8022

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

Obligee:
TRISTAN M MARTINEZ
IV-D Case #: 0650314678-01

This lien results from a child support order, entered on 03/24/2000 by SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number 314678DA.

As of 09/26/2009, the obligor owes unpaid support in the amount of \$43,968.69
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.

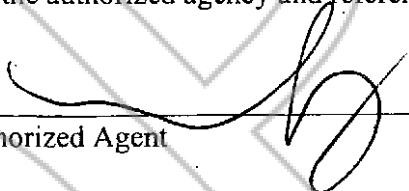
A. Submitted by a IV-D agency/office on behalf of the named obligee

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.

08/26/2009

Date

Authorized Agent



MARIE LY

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