

OFFICIAL RECORD
Requested By:
COUNTY OF EL DORADO

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1009 PG- 5372 RPTT: 0.00



RECORDING REQUESTED BY
EL DORADO COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601701

WHEN RECORDED MAIL TO
EL DORADO COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
✓ 3368 LAKE TAHOE BLVD STE 100
SOUTH LAKE TAHOE CA 96150-7915

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 3368 LAKE TAHOE BLVD STE 100 3368 LAKE TAHOE BLVD STE 100 SOUTH LAKE TAHOE CA 96150-7915 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 541-1820 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD | FOR RECORDER'S USE ONLY 0170056011-01 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 1354 JOHNSON BLVD STE 2 MAILING ADDRESS: 1354 JOHNSON BLVD STE 2 CITY AND ZIP CODE: SOUTH LAKE TAHOE 96150-8216 BRANCH NAME: SOUTH LAKE TAHOE BRANCH | |
| PETITIONER/PLANTIFF: KIM GAYNER DREAGER RESPONDENT/DEFENDANT: DOUG DREAGER OTHER PARENT: | |
| NOTICE OF LIEN | CASE NUMBER: SFL20000087 |

NOTICE OF LIEN

TO:
COUNTY COURTHOUSE
PO BOX 218, MINDEN NV 89423

Obligor:
DOUGLAS B DREAGER, 09/11/1947, 6964
1352 SARATOGA ST, MINDEN NV 89423-9013

FROM:
EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES
3368 LAKE TAHOE BLVD STE 100, SOUTH LAKE TAHOE CA 96150-7915
(866) 901-3212, famsupslt@co.el-dorado.ca.us, (530) 541-1820

Obligee:
KIMBERLY L GAYNER
IV-D Case #: 0170056011-01

This lien results from a child support order, entered on 02/05/2007 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SFL20000087.

As of 08/31/2009 , the obligor owes unpaid support in the amount of \$3,988.05
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:

LAST KNOWN ADDRESS:
1352 SARATOGA ST
MINDEN, NV 89423

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.

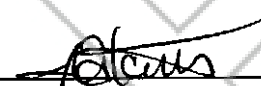
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

08/31/2009

Date


Authorized Agent

JENORI GALICIA-OSUNA

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

JURAT

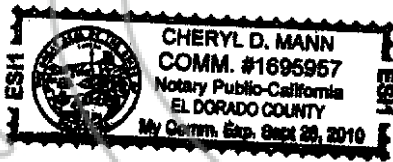
State of California

County of EL DORADO

Subscribed and sworn to (or affirmed) before me on this 31st day of AUGUST, 2009, by JENORI GALICIA-OSUNA

Name of Signer

proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.



Place Notary Seal Above

Signature Cheryl D Mann
Signature of Notary Public