· ·/\ DOC # 0757992 .
02/01/2010 10:52 AM Deputy: SG
OFFICIAL RECORD
Requested By:

Douglas County - NV Karen Ellison - Recorder

EL DORADO COUNTY

Page: 1 Of 4 Fee:

BK-0210 PG-0112 RPTT:

17.00



RECORDING REQUESTED BY EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

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): Recording requested by and return to: DAVID L. BURNS , ATTORNEY	FOR RECORDER'S USE ONLY
EL DORADO COUNTY 3057 BRIW RD STE B PO BOX 391 PLACERVILLE CA 95667-5321 2000000040	00463
TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 621-2022 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO	
STREET ADDRESS: 495 MAIN ST MAILING ADDRESS: 495 MAIN ST	
CITY AND ZIP CODE: PLACERVILLE 95667-5628 BRANCH NAME: PLACERVILLE BRANCH	
PETITIONER/PLANTIFF: COUNTY OF EL DORADO	
RESPONDENT/DEFENDANT: ANNA MARIE BLACKWELL	
OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: PFS20090203

COUNTY RECORDER TRANSMITTAL DCSS 0635 (08/20/08) STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF CHILD SUPPORT SERVICES

PLV TEAM 1

BK- 0210 0757992 Page: 2 Of 4 02/01/2010

NOTICE OF LIEN

TO:

Douglas County Recorder's Office PO Box 218, Minden NV 89423

Obligor:

ANNA MARIE BLACKWELL, 06/14/1974, 7548 629 THOUROUGHBRED, GARDNERVILLE NV 89410

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:

MICHELE LYNN RUSSELL

IV-D Case #: 20000000400463

This lien results from a child support order, entered on 08/21/2009 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20090203.

As of 12/22/2009, the obligor owes unpaid support in the amount of \$2,436.90 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. [] Submitted by a TV-D agency/office on hehalf of the named obligee

1. [] Swommed by a 17-15 agency/office on bentan of the named obliged
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.
Date Authorized Agent
SUZETTE Y LUCICH
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

Signature	
Print name, e-mail address,	phone and fax number

CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of El Dorado

On December 22, 2009 before me, Valerie Ladowski, Notary Public, Name and Title of the Officer personally appeared Suzofte William Name and Title of the Officer 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(les), 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.

VALERIE LADOWSKI
COMM. #1861457
Notary Public Catifornia
EL DORADO COUNTY
My Comm. Exp. AUG 16, 2013

Signature

Place Notary Seal Above