

OFFICIAL RECORD

Requested By:

RIVERSIDE CHILD SUPPORT

SERVICES

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0210 PG- 3867 RPTT: 0.00



APN# \_\_\_\_\_  
11 digit number may be obtained at:  
<http://sandgate.co.clark.nv.us/cicsAssessor/owner.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 2040 IOWA AVE

City/State/Zip RIVERSIDE, CA. 92507

C# 200000000256657

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 must be typed or printed clearly in black ink only.

RECORDING REQUESTED BY  
RIVERSIDE COUNTY DEPARTMENT  
OF CHILD SUPPORT SERVICES

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

<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                  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</p>	<p>FOR RECORDER'S USE ONLY          200000000256657</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>                  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: MICHELLE MULINSKI                  RESPONDENT/DEFENDANT: JONATHAN JOHNSON                  OTHER PARENT:</p>	
<p><b>NOTICE OF LIEN</b></p>	<p>CASE NUMBER: RIK013109</p>

NOTICE OF LIEN

TO:  
DOUGLAS COUNTY RECORDER  
DOUGLAS COUNTY ADM. BLDG . 1616 8TH ST. 2ND FL, MINDER NV 89423

Obligor:  
JONATHAN THEODORE JOHNSON. 05/04/1969. [REDACTED]-2733  
1378 QUEENS CT, GARDNERVILLE NV 89410-6018

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

Obligee:  
MICHELLE ANNE TABESH  
IV-D Case #: 200000000256657

This lien results from a child support order, entered on 11/07/1995 by SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number RIK013109.

As of 01/31/2010 , the obligor owes unpaid support in the amount of \$3652.35  
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.

01/11/2010

Date



Authorized Agent

MILLIE CLONTS

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 12 JAN. 2010 before me, Judy A. Ruff, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared MILLIE CLONTS  
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: \_\_\_\_\_

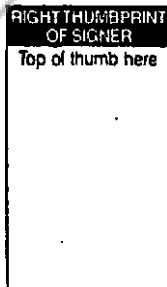
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

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

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

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

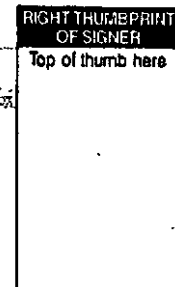
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



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: \_\_\_\_\_