DOC # 0759916 03/09/2010 08:51 AM Deputy: OFFICIAL RECORD Requested By: EL DORADO COUNTY

> Douglas County - NV Karen Ellison - Recorder

Of 4 Page: 1 Fee: BK-0310 PG- 2097 RPTT:

17.00 0.00

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:	FOR RECORDER'S USE ONLY		
DAVID L. BURNS , ATTORNEY			
EL DORADO COUNTY			
3057 BRIW RD STE B PO BOX 391 20000000460625			
PLACERVILLE CA 95667-5321			
TELEPHONE NO.: (898) 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: 496 MAIN ST			
CITY AND ZIP CODE: PLACERVILLE 95667-5628			
BRANCH NAME: PLACERVILLE BRANCH			
BRAINCH NAME. FLACERVILLE BRAINCH			
PETITIONER/PLANTIFF: COUNTY OF EL DORADO			
RESPONDENT/DEFENDANT: NICOLE LEEANN SMITH			
OTHER PARENT:			
NOTICE OF LIEN	CASE NUMBER:		
NOTICE OF LIEN	PFS20090281		

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NOTICE OF LIEN

TO:

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

Obligor:

NICOLE LEEANN SMITH, 05/03/1971, 2816 HOMELESS, POLLOCK PINES CA 95726

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:

IV-D Case #: 20000000460625

This lien results from a child support order, entered on 11/12/2009 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20090281.

As of 02/09/2010, the obligor owes unpaid support in the amount of \$1,837.89. 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 IV-D agency/office on behalf of the named obligee

A.

number, both listed above.

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

02/09	/2010	4
Date		Authorized Agent
		WILLIAM MATTOX
	/ /	Print name, e-mail address, phone and fax number
В.	[] Submitted by an obligee or a obligee	a private (non-IV-D) attorney or entity on behalf of an
I am	[] the obligee of the above refe	erenced order [or]
	[] an attorney or entity represe	nting the above named obligee
		ne information contained in this notice is true and accurate ance with the laws of the State of
	dditional information regarding the listed above.	is lien, including the pay-off amount, please contact the
Date	//	Signature
1		Print name, e-mail address, phone and fax number

CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of El Dorado

On February 9, 2010 before me, Valerie Ladowski, Notary Public, Name and Title of the Officer personally appeared 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(res), 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 Mulle Kadowole Prace Notary Seal Above