

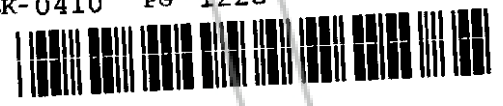
16-

DOC # 0761703
04/06/2010 02:39 PM Deputy: SD

OFFICIAL RECORD
Requested By:
EL DORADO COUNTY

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0410 PG- 1225 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
924 EMERALD BAY RD STE A
SOUTH LAKE TAHOE CA 96150-6434

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: DAVID L. BURNS, ATTORNEY EL DORADO COUNTY 924 EMERALD BAY RD STE A 924 EMERALD BAY RD STE A SOUTH LAKE TAHOE CA 96150-6434</p> <p>TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 541-1820</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0170032342-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</p> <p>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</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF EL DORADO RESPONDENT/DEFENDANT: LADISLAU MEDINA AKA JESUS MARAGOITI OTHER PARENT: LAURA ELENA LOPEZ</p>	
<p>NOTICE OF LIEN</p> <p>CASE NUMBER: SF2398</p>	

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 This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.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.

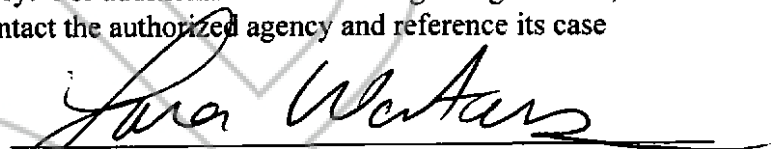
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

03/04/2010

Date


Authorized Agent

LARA L WATERS

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

State of California

County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 4th day of MARCH 2010, by LARA WATERS proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

Cheryl D Mann
Cheryl D. Mann, Notary Public

