DOC # 0764146 05/24/2010 10:36 AM Deputy: OFFICIAL RECORD

> RECORDING REQUESTED BY EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601701

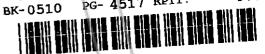
WHEN RECORDED MAIL TO EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 924 EMERALD BAY RD STE A SOUTH LAKE TAHOE CA 96150-6434

₽W Requested By: COUNTY OF EL DORADO

> Douglas County - NV Karen Ellison - Recorder Fee:

Page:

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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
EL DORADO COUNTY 924 EMERALD BAY RD STE A	
924 EMERALD BAY RD STE A 0170031999-01 SOUTH LAKE TAHOE CA 98150-6434	
TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 541-1820	
ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD	\/
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO	Ŭ.
STREET ADDRESS: 1354 JOHNSON BLVD STE 2	
MAILING ADDRESS: 1354 JOHNSON BLVD STE 2	
CITY AND ZIP CODE: SOUTH LAKE TAHOE 96150-8218	
BRANCH NAME: SOUTH LAKE TAHOE BRANCH	
PETITIONER/PLANTIFF: COUNTY OF EL DORADO	
RESPONDENT/DEFENDANT: DEREK WILLIAM WEIK	
OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: SF1389

BK- 0510 PG- 4518 05/24/2010

NOTICE OF LIEN

TO: DOUGLAS COUNTY RECORDER PO BOX 218, MINDEN NV 89423

Obligor: DEREK W WEIK, 09/29/1970, 186 RAY WAY, ZEPHYR COVE NV 89448

FROM:

EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES 924 EMERALD BAY RD STE A, SOUTH LAKE TAHOE CA 96150-6434 (866) 901-3212, famsupslt@co.el-dorado.ca.us, (530) 541-1820

Obligee: HEATHER D WESTOVER IV-D Case #: 0170031999-01

This lien results from a child support order, entered on 11/12/1997 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SF1389.

As of 4/12/2010, the obligor owes unpaid support in the amount of \$328.65 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: 186 RAY WAY ZEPHYR COVE, NV 89448 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. [X] 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.

includi	ng the pay-off amount, please co	ontact the authorized agency and reference its case
	r, both listed above.	
20 04/1/2/2	2010	-Mary Touche
Date		Authorized Agent
		MARY J LUCKEL
		Print name, e-mail address, phone and fax number
B.	[] 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]
	1 1.	nting the above named obligee
		ne information contained in this notice is true and accurate lance with the laws of the State of
For ad		is lien, including the pay-off amount, please contact the
Date		Signature
1		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 20 day of April 2010, by MARY J LUCKEL proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

Cheryl D. Mann, Notary Public

