DOC # 0764148 05/24/2010 10:38 AM Deputy: DW OFFICIAL RECORD Requested By: COUNTY OF EL DORADO

> Douglas County - NV Karen Ellison - Recorder

Page: 1 of4 Fee:

17.00 0.00 BK-0510 PG- 4525 RPTT:



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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	FOR RECORDER'S USE ONLY
Recording requested by and return to: DAVID L. BURNS , ATTORNEY	FOR RECORDER 3 USE ONE F
EL DORADO COUNTY	
924 EMERALD BAY RD STE A 924 EMERALD BAY RD STE A 0170032380-01	
SOUTH LAKE TAHOE CA 96150-6434	
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	
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	
PETITIONER/PLANTIFF: BARBARA MARIE SHRIVER	
RESPONDENT/DEFENDANT: THOMAS C. NOBRIGA	
OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER:
NOTICE OF LIEN	SLT8475

NOTICE OF LIEN

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

Obligor:

BARBARA M SHRIVER, 06/22/ 447 MCFAUL WAY, 4, ZEPHYR COVE NV 89448

FROM:

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

Obligee:

THOMAS C NOBRIGA

IV-D Case #: 0170032380-01

This lien results from a child support order, entered on 05/09/1997 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SLT8475.

As of 4/12/2010, the obligor owes unpaid support in the amount of \$8,078.64 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:

447 MCFAUL WAY #4 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.

	ontact the authorized agency and reference its case
number, both listed above.	
04/12/2010	Mary Xxxx
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	1 1
[] an attorney or entity represe	nting the above named obligee
I certify under penalty of perjury that the and that this lien is submitted in accord	ne information contained in this notice is true and accurate lance with the laws of the State of
For additional information regarding th	is 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 20th day of ARL 2010, by MARY J. CUCKEE proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

Cheryl D. Mann, Notary Public

