DOC # 0777623 01/27/2011 09:56 AM Deputy: GB OFFICIAL RECORD Requested By: COUNTY OF EL DORADO

Douglas County - NV Karen Ellison - Recorder

Of \ 4 Page: 1

Fee: 17.00

PG- 5828 RPIT:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)  Recording requested by and return to  CARRIE J EHLERS , ATTORNEY	FOR RECORDER'S USE ONLY
EL DORADO COUNTY  924 EMERALD BAY RO STE A  924 EMERALD BAY RO STE A  0170015003-01  SOUTH LAKE TAHOE CA 96150-6434	
TELEPHONE NO (866) 901-3212 FAX NO (Optional) (530) 541-1820	
ATTORNEY FOR JUDGMENT CREDITOR X 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: COUNTY OF EL DORADO, ETC.	
RESPONDENT/DEFENDANT: DAN WILLIAM CONTRERAS	
OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER. SLT5708

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## NOTICE OF LIEN

TO:

Douglas County Recorder Clerk PO BOX 218, County Courthouse, Minden NV 89423

Obligor:

DAN W CONTRERAS, 04/14/1960, 362 EUGENE ST. STATELINE NV 89449

FROM:

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

Obligee:

ANGELA A PHILLIPS

IV-D Case #: 0170015003-01

This lien results from a child support order, entered on 07/21/1992 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SLT5708.

As of 11/16/2010, the obligor owes unpaid support in the amount of \$51,394.54 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:

362 EUGENE ST STATELINE, NV 89449

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.

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

	port enforcement program set forth in Title IV, Pail D,
of the Federal Social Security Act (42 U.S.	C. 651 et seq.), I have authority to file this child
	For additional information regarding this lien,
	ct the authorized agency and reference its case
number, both listed above.	( ) ( ) ( ) ( ) ( )
11/16/2010 11-24-10	Mari Mer - Elkery
Date A	uthorized Agent
	KATIE CAVEN-ELKINS
/ / Pr	int name, e-mail address, phone and fax number
B. [ ] Submitted by an obligee or a pri obligee	ivate (non-IV-D) attorney or entity on behalf of an
I am [] the obligee of the above referen	ced order [or]
[ ] an attorney or entity representing	4 - I
[ ] an attorney of entity representing	g the above hance obligee
	nformation contained in this notice is true and accurate
and that this lien is submitted in accordance	e with the laws of the State of
For additional information regarding this li obligee listed above.	en, including the pay-off amount, please contact the
Date Si	gnature
/ /	
\ / / =	1 . I . I
Pr	int name, e-mail address, phone and fax number

Notary State California

County: El Dordo

I'certify that Atti Coun-El Kins appeared before me and is known to me as the individual who signed the above.

Date: 1-24-10

My appointment expires,

'Notice: Respondents are not required to respond to this information collection unless it displays a valid OMB control number. The average burden for responding to this information collection is estimated at 30 minutes. If you believe this estimate is inaccurate, or if you have ideas to reduce this burden, please provide comment to the issuing agency.

OMB Control #: 0970-0153 Expiration Date: 02/28/2011

