

Douglas County - NV  
 Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
 BK-0711 PG-1040 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)</p> <p><input checked="" type="checkbox"/> Recording requested by and return to          CARRIE J EHLERS, 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 checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0170032447-01</p> <p>CASE NUMBER: SF1779</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</b></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: OSCAR FLORES GARCIA          OTHER PARENT.</p>	
<p><b>NOTICE OF LIEN</b></p>	

**NOTICE OF LIEN**

**TO:**  
Douglas County Recorder Clerk  
PO Box 218, Minden NV 89423

**Obligor:**  
OSCAR FLORES GARCIA, 04/17/1965.  
161 FARIS UNIT 2, STATELINE NV 89449

**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:**  
MARIA SLEPE  
IV-D Case #: 0170032447-01

This lien results from a child support order, entered on 11/04/1997 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SF1779.

As of 04/21/2011, the obligor owes unpaid support in the amount of \$18,662.82  
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:

161 FARIS UNIT 2  
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.

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.

04/21/2011  
Date

*Katie Caven-Elkins*  
Authorized Agent

KATIE CAVEN-ELKINS  
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

Notary State: California

County: El Dorado

I certify that Kati Caven - Elkins appeared before me and is known to me as the individual who signed the above.

Date: 4/21/11

Mary J. Luckel, Notary Public  
Notary public

My appointment expires 4-6-13

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

