DOC # 0786396 07/15/2011 10:31 AM Deputy: SD OFFICIAL RECORD Requested By: EL DORADO COUNTY

Douglas County - NV Karen Ellison - Recorder

of 4 Page:

Fee:

BK-0711 PG- 2548 RPTT:

17.00 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 RD STE A 20000000851111 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	
1	CITY AND ZIP CODE SOUTH LAKE TAHOE 96150-8216	
	BRANCH NAME: SOUTH LAKE TAHOE BRANCH	
d	PETITIONER/PLANTIFF: TAUSHA M. MCCAULEY	
	RESPONDENT/DEFENDANT: DANIEL J. MCCAULEY	
	OTHER PARENT:	
	NOTICE OF LIEN	CASE NUMBER SD 1682
- 1		

NOTICE OF LIEN

TO:

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

Obligor:

TAUSHA M HEWITT. 02/29/1976, 1076 E VALLEY RD, GARDNERVILLE NV 89410-6114

FROM:

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

Obligee:

DANIEL J MCCAULEY

IV-D Case #: 20000000851111

This lien results from a child support order, entered on 03/02/2011 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SD 1682.

As of 6/7/2011 , the obligor owes unpaid support in the amount of \$357.00 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:

1076 E VALLEY RD GARDNERVILLE, NV 89410-6114

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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. Albimitted 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.		
06/07/2011 6-20-11 Dame 1500		
Date Authorized Agent		
LAURA BOREK 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		
1 Tan attorney of 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: <u>California</u>
County: <u>El Dorado</u>

appeared before me and is known to me as the

individual who signed the above.

Date: <u>(1</u>-20-1/

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



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