

Douglas County - NV
Karen Ellison - Recorder

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BK-0911 PG- 3164 RPTT: 0.00



RECORDING REQUESTED BY
EL DORADO COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601700

✓ WHEN RECORDED MAIL TO
EL DORADO COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
3057 BRIW RD STE B
PLACERVILLE CA 95667-5321

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) <input checked="" type="checkbox"/> Recording requested by and return to: CARRIE J. EHLERS, ATTORNEY EL DORADO COUNTY 3057 BRIW RD STE B PO BOX 391 PLACERVILLE CA 95667-5321 TELEPHONE NO: (866) 901-3212 FAX NO (Optional) (530) 621-2022 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY 0170036432-01
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 RESPONDENT/DEFENDANT: JAMES CHRISTOPHER OLSON OTHER PARENT: MICHELLE LYNN GONZALES	
NOTICE OF LIEN	CASE NUMBER: SF2326

NOTICE OF LIEN

TO:
Douglas County Recorder
1618 8th St., PO Box 218, Minden NV 89423

Obligor:
JAMES OLSON, 02/06/1975,
162 AYNES, APT. #B, STATELINE NV 89449

FROM:
EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES
PO BOX 391, PLACERVILLE CA 95667-0391
(866) 901-3212, dcsc@co.el-dorado.ca.us, (530) 621-2022

Obligee:
MICHELLE L BERGSTROM
IV-D Case #: 0170036432-01, 0170036432-02

This lien results from a child support order, entered on 10/04/2002 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SF2326.

As of 8/29/2011, the obligor owes unpaid support in the amount of \$24,945.71
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:

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.

08/29/2011 8/30/2011
Date

Matthew E Pedigo
Authorized Agent
MATTHEW E PEDIGO
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



CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of El Dorado

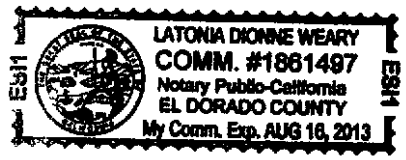
On August 30, 2011 before me, Latonia Dionne Weary, Notary Public,
Date Name and Title of the Officer

personally appeared Matthew Pedigo
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Latonia Dionne Weary Place Notary Seal Above