DOC # 0799559 03/26/2012 10:00 AM Deputy: PK OFFICIAL RECORD Requested By: COUNTY OF EL DORADO

> Douglas County - NV Karen Ellison - Recorder

of 4 Page: 1 Fee: PG- 6089 RPTT:

17.00 0.00

BK-0312

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

RECORDING REQUESTED BY

OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601700

EL DORADO COUNTY DEPARTMENT

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	FOR RECORDER'S USE ONLY
1	CARRIE J EHLERS, ATTORNEY EL DORADO COUNTY	
	3057 BRIW RD STE B PO BOX 391 0170052714-01 PLACERVILLE CA 95667-5321	
	TELEPHONE NO (866) 901-3212 FAX NO (Optional) (530) 621-2022	
	ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	V
	SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO	
1	STREET ADDRESS: 495 MAIN ST	
1	MAILING ADDRESS 495 MAIN ST	
d	CITY AND ZIP CODE. PLACERVILLE 95867-5628	
	BRANCH NAME, PLACERVILLE BRANCH	•
-	PETITIONER/PLANTIFF: CHAD NELSON	
	RESPONDENT/DEFENDANT: MELIKE WAGNER	
	OTHER PARENT:	
	NOTICE OF LIEN	CASE NUMBER. PFS20030566
- 1		

COUNTY RECORDER TRANSMITTAL DCSS 0635 (08/20/08)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF CHILD SUPPORT SERVICES **ESTABLISHM**

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NOTICE OF LIEN

TO:

Douglas County Recorder?s Office 1616 8th Street, PO Box 218, Minden NV 89423

Obligor:

MELIKE D WAGNER, 07/24/1983, 4741 ENGLE RD, CARMICHAEL CA 95608-2223

FROM:

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

Obligee:

CHAD J NELSON

IV-D Case #: 0170052714-01

This lien results from a child support order, entered on 12/13/2002 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20030566.

As of 2/13/2012 , the obligor owes unpaid support in the amount of \$6176.85 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:

unknown

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.

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.
Date Authorized Agent
LANETTE K OLINGER 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 February 15, 2012 before me, Valerie Ladowski, Notary Public, Name and Title of the Officer

personally appeared One 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(hes), 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 Valence Hadowskie Place Notary Seal Above