

NF

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05/09/2012 01:13 PM Deputy: AR

OFFICIAL RECORD

Requested By:
NEVADA DEPT OF EMP & REHAB

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 9 Fee: 0.00
BK-0512 PG- 2036 RPTT: 0.00



Assessor's Parcel Number:

Recording Requested By:

Name: Dept. of Employment, Training, &
Rehabilitation, Employment Security Division

✓ Address: 500 East Third Street

City/State/Zip Carson City, NV 89713-0036

Real Property Transfer Tax: \$

Judgment

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

FILED

2012 MAY -4 PM 12:09

TED THUAN
CLERK

BY K. WILFERT DEPUTY

(for Recorder's use only)

APN# _____

RECEIVED

MAY - 4 2012

Recording Requested by:

DOUGLAS COUNTY
DISTRICT COURT CLERK

Name: _____

Address: _____

City/State/Zip: _____

When Recorded Mail to:

Name: _____

Address: _____

City/State/Zip: _____

Mail Tax Statement to:

Name: _____

Address: _____

City/State/Zip: _____

JUDGMENT
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 239 B.030
(State specific law)

Jodi Fortune
Signature

UI REP II
Title

JODI FORTUNE
Printed Name

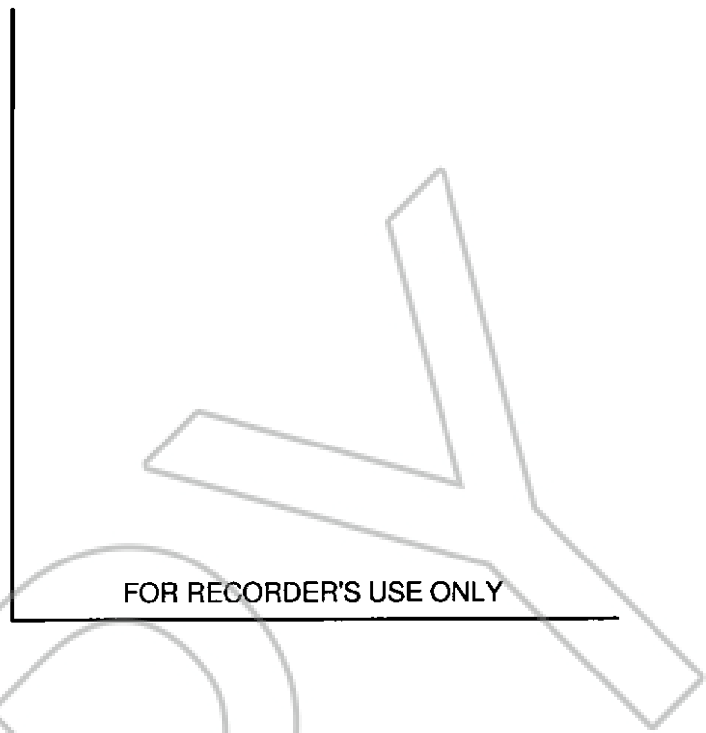
This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

WHEN RECORDED, MAIL TO:

DEPARTMENT OF EMPLOYMENT, TRAINING
& REHABILITATION,
EMPLOYMENT SECURITY DIVISION,
500 EAST THIRD STREET
CARSON CITY, NEVADA 89713-0036

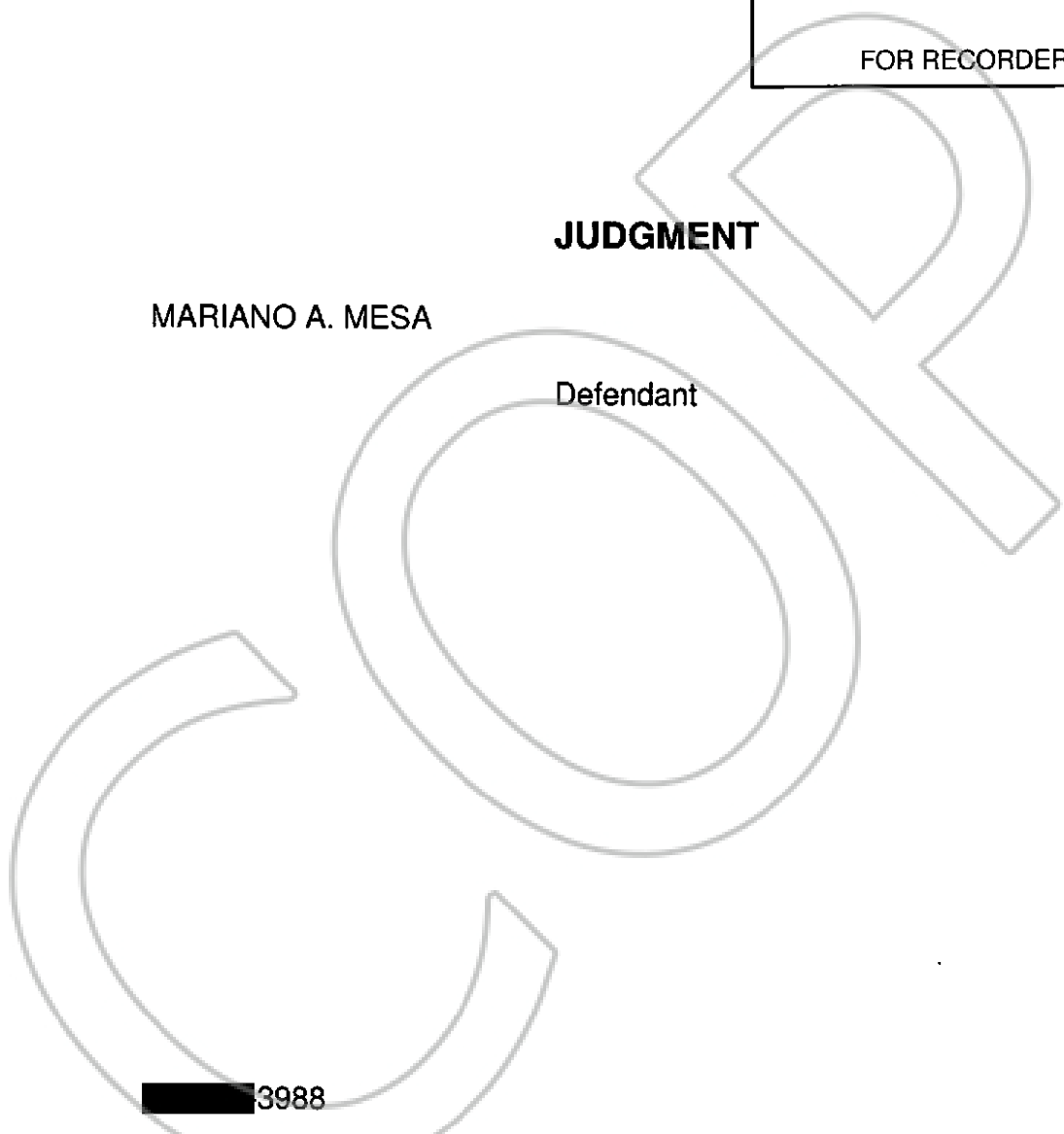


FOR RECORDER'S USE ONLY

JUDGMENT

MARIANO A. MESA

Defendant



3988

This is a civil action on behalf of the State of Nevada; no fees are to be charged or paid in connection herewith in accordance with Nevada Revised Statute 612.645.

1 Benefit Payment Control
500 East Third Street
2 Carson City, Nevada 89713-0036
Phone: (775) 684-0475
3

4 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE
5 OF NEVADA IN AND FOR THE COUNTY OF DOUGLAS
6

7 STATE OF NEVADA,
DEPARTMENT OF EMPLOYMENT, TRAINING
8 & REHABILITATION,
EMPLOYMENT SECURITY DIVISION,
9 Plaintiff,

10 vs.

Case No. 12-CV-0147
Dept. No. II

11 MARIANO A. MESA,
SSA# [REDACTED] 3988

12 Defendant.

13
14 JUDGMENT

15
16 THIS MATTER having come on in accordance with
17 the provisions of Section 612.365 (3) and 612.630, Nevada Revised
18 Statutes, by way of a Certificate of Judgment filed herein on
19 _____ and it appearing from the record that the
20 defendant, MARIANO A. MESA, was given notice
21 of more than fifteen (15) days prior to this proceeding, by
22 certified mail addressed to the last known address, as appears more
23 fully from the Affidavit of STEVE ZUELKE on
24 file herein, and that said defendant is indebted to the Employment
25 Security Division of the State of Nevada for benefit overpayments
26 to the Nevada Unemployment Compensation Fund and interest and
27 forfeit thereon in the total amount of
28 FIVE THOUSAND FIVE HUNDRED THIRTEEN DOLLARS AND 00/100

1 and it further appearing that the entry of Judgment
2 therein is mandatory and required by Statute.

3 NOW, THEREFORE, Judgment is hereby awarded to
4 plaintiff, STATE OF NEVADA, EMPLOYMENT SECURITY DIVISION, against
5 the defendant, MARIANO A. MESA, in the sum of
6 FIVE THOUSAND FIVE HUNDRED THIRTEEN DOLLARS AND 00/100
7 with interest thereon at the legal rate in accordance with the
8 provisions of the aforesaid Chapter 612, Nevada Revised Statutes.

9 DONE AT _____, NEVADA,
10 this _____ day of _____.

11
12 Clerk of the Ninth Judicial District
13 Court of the State of Nevada
14 In and for the County of Douglas

15
16 _____
Deputy Clerk
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1 Benefit Payment Control
500 East Third Street
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4 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE
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6

7 STATE OF NEVADA,
DEPARTMENT OF EMPLOYMENT, TRAINING
8 & REHABILITATION,
EMPLOYMENT SECURITY DIVISION,
9 Plaintiff,

10 vs.

11 MARIANO A. MESA,
12 Defendant.

13 STATE OF NEVADA)
14 CARSON CITY) ss.
15

16 AFFIDAVIT OF DEBTOR INFORMATION
17

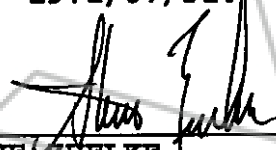
18 STEVE ZUELKE being first duly
19 sworn upon oath deposes and says:

20 As an Unemployment Insurance Representative II in the
21 Employment Security Division, State of Nevada, in the Central Office
22 at Carson City, Nevada, one of the duties within said Division is
23 the preparation of legal documents in order to obtain civil
24 judgments on overpayment accounts; that in the course of the
25 aforesaid duties, the official records of the Nevada Employment
26 Security Division were examined, and said official records reflect
27 that the last known address of the defendant,


28 MARIANO A. MESA,

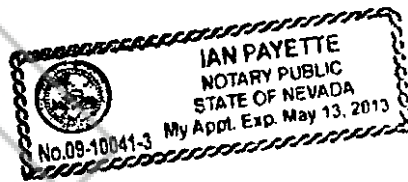
1 is PO BOX 6342
2 STATELINE NV 89449-0000

3 that the defendant's Social Security Number is [REDACTED] 3988
4 and the defendant's date of birth is 1971/07/31.

5
6 
7 STEVE ZUELKE

8 Subscribed and sworn to before me on April 30, 2012.
9 by STEVE ZUELKE

10
11 
12 Notary Public in and for Carson City
13 State of Nevada



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**NINTH JUDICIAL DISTRICT COURT
COUNTY OF DOUGLAS, STATE OF NEVADA**

**AFFIRMATION
Pursuant to NRS 239B.030**

The undersigned does hereby affirm that the preceding document,
Civil Judgment

(Title of Document)

filed in case number: _____

Document contains the social security number of a person as required by:

A specific state or federal law, to wit:

20 CFR Sec. 603.3 Eligibility condition for claimants.

(a) The State unemployment compensation agency shall require, as a condition of eligibility for unemployment benefits, that each claimant for benefits furnish to the agency his/her social security number (or numbers if he/she has more than one such number), and the agency shall utilize such numbers in the administration of the unemployment compensation program so as to associate the agency's records pertaining to each claimant with the claimant's social security number(s).

(State specific state or federal law)

-or-

For the administration of a public program

-or-

For an application for a federal or state grant

-or-

Confidential Family Court Information Sheet
(NRS 125.130, NRS 125.230 and NRS 125B.055)

Date: 04/02/12



(Signature)

Steve Zuelke

(Print Name)

Manager

State of Nevada

Employment Security Division

COPY

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original in file and of record in my office.

DATE 5/4/12

TED THRAN, Clerk of the 9th Judicial District Court
of the State of Nevada, in and for the County of Douglas,

[Signature] Deputy