Doc Number: **0810719** 

10/11/2012 09:37 AM OFFICIAL RECORDS Requested By:

County Of El Dorado

DOUGLAS COUNTY RECORDERS Karen Ellison A Recorder

Page: 1 0f 4 Fee: \$ 17.00

Bk: 1012 Pg: 3002

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

	IEY 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	
9	224 EMERALD BAY RD STE A 224 EMERALD BAY RD STE A 20000000940628 SOUTH LAKE TAHOE CA 96150-8434	
TELEPHO	ONE NO (868) 901-3212 FAX NO. (Optional) (530) 541-1820	
A	TTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD	\/
SUPER	RIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO	-
	TREET ADDRESS: 1354 JOHNSON BLVD STE 2	
MA	AILING ADDRESS 1354 JOHNSON BLVD STE 2	
CIT	Y AND ZIP CODE: SOUTH LAKE TAHOE 96150-8218	
	BRANCH NAME: SOUTH LAKE TAHOE BRANCH	
	PETITIONER/PLANTIFF: COUNTY OF EL DORADO	
RES	SPONDENT/DEFENDANT: KADE J HENDRICK	
	OTHER PARENT: SANDI J COLE	
	NOTICE OF LIEU	CASE NUMBER:
	NOTICE OF LIEN	SF\$20110075

BK: 1012 PG: 3003

## NOTICE OF LIEN

TO:

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

Obligor:

KADE JOEL HENDRICK, 06/26/1974 2446 CONESTOGA AVE, SO LAKE TAHOE CA 96150

FROM:

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

Obligee: SANDI J COLE

IV-D Case #: 20000000940628

This lien results from a child support order, entered on 04/13/2012 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SFS20110075.

As of 8/17/2012, the obligor owes unpaid support in the amount of \$942.57. 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:

PO BOX 11264 ZEPHYR COVE, NV 89448-3264



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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.

ii b is checked, the form must be notari	scu.		
A. [ Submitted by a IV-D agency/of	fice on behalf of the named obligee		
As an authorized agent of a State or Tribal	, or subdivision of a State or Tribal, agency		
	port enforcement program set forth in Title IV, Part D,		
	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 conta	ct the authorized agency and reference its case		
number, both listed above.			
00/15/0010	Valla ( 1000 ×		
08/17/2012	queros (		
Date A	uthorized Agent		
	LAUDA DODEK		
/ /	LAURA BOREK		
· / / P	rint name, e-mail address, phone and fax number		
D [ ] Coloring to a library and the coloring to the coloring t	instance (up a TV/TV) attenues on setting on hehalf of an		
	ivate (non-IV-D) attorney or entity on behalf of an		
obligee	\ \		
I am [] the obligee of the above referer	aced order [ar]		
I am [] the obligee of the above referenced order [or] [] an attorney or entity representing the above named obligee			
[ ] an attorney of chitty representing	ig the above named obligee		
I certify under penalty of periury that the i	nformation contained in this notice is true and accurate		
and that this lien is submitted in accordance			
For additional information regarding this I	ien, including the pay-off amount, please contact the		
obligee listed above.	,		
^			
Date S	ignature		
/ / -	tit a mail address whom and fav number		
/ P	rint name, e-mail address, phone and fax number		



BK: 10 12 PG: 3005 10/11/2012 09:37 AM

## **JURAT**

State of California

County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 17 day of August 20 12 by Laura Bocek

proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.



Place Notary Seal Above

Signature Signature of Notary Public