

Doc Number: **0821879**

04/17/2013 02:16 PM

OFFICIAL RECORDS

Requested By
NEVADA/DIV OF WELFARE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 12 Fee: \$ 0.00

Bk: 0413 Pg: 4904



Deputy: ar

1
2 APN # _____

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6 Recording Requested by and returned to:

(for Recorder's use only)

7
8 Name: **Division of Welfare and Supportive Services**
9 **Child Support Enforcement**

10
11 Address: **300 E. Second St., Ste. 1200**

12 City/State/Zip: **Reno, NV 89501-1580**

13
14 Release of Lien (RELN)

15 Judgment and Order

16
17 Stipulation and Order

18 Other:

19
20 NCP'S NAME: RYAN INMAN

21
22 UPI #: 539-10-4200A

23
24
25 This page added to provide additional information required by NRS 111.312 Sections 1-2.

26 (Additional recording fee applies.)

27
28 This cover page must be typed or printed.

1 CASE NO. 12-UR-0030

2 DEPT. NO. II

3
4 **IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
5 **IN AND FOR THE COUNTY OF DOUGLAS**

6
7 **DIVISION OF WELFARE AND SUPPORTIVE SERVICES**
8 **AND TAWNI RILEY**

Obligees,

AFFIDAVIT OF RECORDATION

9
10 Vs.

11 **RYAN INMAN**

Obligor

12
13 I, Linda Holcomb, hereby swear and affirm under penalty of perjury that the following assertions are
14 true:

- 15 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada,
16 over the age of twenty-one years of age, and an employee of the Division of Welfare
17 and Supportive Services Child Support Enforcement Office managing the legal process
18 under Case Number 539-10-4200A.
- 19 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142
20 and NRS17.150, and when so recorded shall become a lien upon all the real property of
21 the Obligor.
- 22 3. That the Obligor's name is Ryan Inman, whose address, Social Security number and
23 date of birth is confidential on file with the Division of Welfare and Supportive
24 Services Child Support Enforcement Office.
- 25 4. That attached hereto is a certified copy of the Judgment and Order filed on January 18,
26 2013.

27 *Linda Holcomb*
28 LINDA HOLCOMB
Administrative Assistant II

INSTRUCTIONS TO RECORDER

Obligor: RYAN INMAN

Obligee: TAWNI RILEY

Date: April 9, 2013

From: LINDA HOLCOMB, Administrative Assistant II, Division of Welfare and Supportive Services Child Support Enforcement Office

Enclosed: Certified copy of Child Support Judgment and Order

In accordance with NRS125B.142 and NRS17.150, on the behalf of the Division please record the attached Affidavit and Judgment and Order at the request of the Division of Welfare and Supportive Services Child Support Enforcement Office.

Please note: If the judgment is a Stipulation and Order, they should be recorded as one document.

Thank you for your assistance. If you have any questions or concerns, please call me at (775) 448-5154.

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DOUGLAS COUNTY DISTRICT COURT CLERK

1 Case No. 12-UR-0030

2 Dept No.

TED THUAN

3 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

4 BY K. WILFERT DEPUTY CLERK

5 IN AND FOR THE COUNTY OF DOUGLAS

6 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
7 AND TAWNI RILEY

8 Obligee,

9 Vs.

10 RYAN INMAN

11 Obligor

12
13 *The undersigned does hereby affirm this document does not contain the social security number of any*
14 *person, pursuant to NRS 239B.030.*

15 JUDGMENT AND ORDER

16 This matter was heard on December 14, 2012, before the Court Master with the following
17 persons present:

18 Obligee: Present () Not Present Represented by: _____

19 Obligor: () Present () Not Present Represented by: _____

20 Present, via telephone

21 Presented by: Amber Cronn

Department of Health and Human Services
Child Support Enforcement

22
23 After considering all of the evidence, the Master hereby makes the following Findings and
24 Recommendations:

25 The Obligor was properly served on March 14, 2012, with a Notice and Finding of Financial
26 and Parental Responsibility.

27 Obligee has named Obligor, Ryan Inman, as the father of Colby Jay Lenny Riley, born
28 January 30, 2012.

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() Obligor was properly served and noticed of today's hearing at his/her last known address and failed to appear.

() Obligee was properly noticed of today's hearing _____.

Obligor's gross monthly earnings are \$ 2,749.91. Pursuant to the formula prescribed within NRS 125B.070, 18% of those earnings, the state calculates a support obligation in the sum of \$ 495.00.

Gross monthly income based on ACTUAL EARNINGS.

The Child support amount recommended by the Court Master (set out in paragraph 4 below) deviates from the statutory percentage because under NRS 125B.080, the following factors were considered: DEVIATION ALLOWED AS OBLIGOR SUPPORTS OTHER CHILDREN.

RECOMMENDED ORDERS:

1. The Obligor is the parent of the following child:

<u>NAME</u>	<u>D.O.B.</u>
<u>Colby Jay Lenny Riley</u>	<u>January 30, 2012</u>

2. That said child's birth certificate be amended by entering the name of Ryan Inman as the father of said child and that the Court order the state registrar of vital statistics to prepare an amended certificate of birth consistent with this order.

3. The Obligor shall pay \$ 325.00 per month in ongoing support beginning JANUARY 1, 2013. The obligation for Child Support continues until the child turns 18 years of age, or until the child turns 19 years of age if the child is enrolled in High School. However, this obligation to support a child is affected by a child's ability to live on their own (NRS129.080 to 129.140 – legal emancipation) or when applicable, continued financial support beyond the age of majority per NRS125B.110.

4. An arrears Judgment is entered in the amount of \$ 3,575.00 for/through FEBRUARY 1, 2012 THROUGH DECEMBER 31, 2012.

1 To be paid by payments of \$ 30.00 per month beginning JANUARY 1, 2013.

2 All payments MUST be made in the form of a money order, cashier's check or business
3 check and payable to **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
4 and sent to:

5 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
6 **P.O. BOX 98950**
7 **LAS VEGAS, NV 89193-8950**

8 The following information must be included with each payment:

- 9 A. Name (first, middle, last) of person responsible for paying child support.
- 10 B. Social Security Number of person responsible for paying child support.
- 11 C. Child support case number 539-10-4200A listed on each payment.
- 12 D. Name of custodian (first and last name of person receiving child support).

13 **PAYMENT OF SUPPORT IS TO BE AS PROVIDED HEREIN, AND THE GIVING**
14 **OF GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE**
15 **WILL NOT FULFILL THE OBLIGATION.**

16 **NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO**
17 **THE OBLIGEE.**

18 5. All payments shall be made by immediate income withholding. If you pay your child
19 support through income withholding and your full obligation is not met by the amount
20 withheld by your employer, you are responsible to pay the difference between your
21 court ordered obligation and the amount withheld by your employer directly to the
22 STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU). If you fail to do so
23 you will be subject to the assessment of penalties and interest. You may avoid these
24 additional costs by making your current child support payments each month.

25 6. The Obligee shall provide health insurance coverage for the child when available
26 through employment or group policy under a plan that is reasonable in cost as defined
27 in NRS 125B.085 and Obligor shall pay \$ 20.00 per month for health insurance
28 premium (medical cash) effective JANUARY 1, 2013.

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1 Medical costs incurred for the above-referenced period have not yet been determined.
2 The State's rights to recover said costs are not waived by way of this order.

3 7. Pursuant to NRS 125B.080(7), expenses for health care which are not reimbursed
4 through insurance, including expenses for medical, surgical, dental, orthodontic and
5 optical expenses, must be shared equally by both parents.

6 8. The Obligor shall pay and judgment is entered in favor of the Division of Welfare
7 Supportive Services for the reimbursement of genetic test fees totaling \$ 114.00, to
8 be paid by payments of \$ 10.00 per month beginning JANUARY 1, 2013.

9 9. The Obligor shall keep Division of Welfare and Supportive Services informed of any
10 change regarding current employment and of access to health insurance coverage in
11 **WRITING** (including health insurance policy information) within 10 days of such
12 change.

13 10. Obligor shall be responsible for ALL child support and judgment payments due.
14 Payment is to be made directly to the STATE COLLECTION AND DISBURSEMENT
15 UNIT (SCaDU). At any time withholding does not occur, Obligor must make
16 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT
17 (SCaDU).

18 11. Effective July 1, 2004 simple interest will accrue on all adjudicated arrears balances
19 (including payment in lieu of medical insurance) and spousal support balances, for
20 cases with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
21 judgment of the court prior to July 1, 2004 will be enforced. Interest on the judgment
22 shall accrue at the rate established by NRS 125B.140(2)(c)(1).

23 12. Pursuant to NRS125B.095, a late fee/penalty of 10% (ten percent) of the unpaid
24 monthly child support amount will be added to the arrears balance of the Obligor if the
25 Obligor becomes delinquent in the amount owed for one month's support.

26 13. The State of Nevada has continuing exclusive jurisdiction for enforcement and
27 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
28 Act.

1 It is further ordered that: PATERNITY ESTABLISHED FOR CHILD
2 COLBY, PURSUANT TO POSITIVE GENETIC TEST
3 RESULTS. SEE PAGE 2, LINES 8-11. PER MASTER,
4 ZERO ARREARS FOR MONTH OF JANUARY 2012
5 AS CHILD WAS BORN JANUARY 30, 2012.

10 **SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:**

11	Child Support.....	\$ <u>325.00</u>	Effective	<u>1-1-13</u>
12	Child Support Arrearages.....	\$ <u>30.00</u>	Effective	<u>1-1-13</u>
13	Medical Cash.....	\$ <u>20.00</u>	Effective	<u>1-1-13</u>
14	Genetic Test Fee.....	\$ <u>10.00</u>	Effective	<u>1-1-13</u>
15	TOTAL PAYMENT.....	\$ <u>385.00</u>		

16 Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject
17 to future modifications.

18 Unless a stay of this Order is obtained from District Court, all enforcement procedures
19 including, but not limited to wage withholding, garnishment, liens and the attachment of
20 federal income tax returns will be undertaken upon entry of this Order.

21 **IT IS SO RECOMMENDED.**

22
23 This 14 day of Dec., 2012.



COURT MASTER

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1 Case No. 12-UR-0030

2 Dept No.

3
4 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

5 IN AND FOR THE COUNTY OF DOUGLAS

6
7 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
8 AND TAWNI RILEY

9 Obligee,

10 Vs.

11 RYAN INMAN

Obligor

12
13 **CERTIFICATE OF MAILING**

14
15 Pursuant to NRCP 5(b), I certify that on this date I deposited for mailing at Reno,
16 Nevada, a true copy of the attached document addressed to:

17 RYAN INMAN
18 CONFIDENTIAL
19 IN FILE

20 TAWNI RILEY
21 CONFIDENTIAL
22 IN FILE

23 DATED: December 19, 2012

24 SIGNED: 
25 RICK MARTINEZ
26 ADMINISTRATIVE ASSISTANT II

27 DOCUMENTS: JUDGMENT AND ORDER
28 CASE NO. 12-UR-0030

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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

1/18/13

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

By

[Signature]

Deputy

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JAN 25 2013
STATE OF NEVADA
CHILD SUPPORT PROGRAM