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Doc Number: **0835573**  
12/16/2013 03:15 PM  
OFFICIAL RECORDS  
Requested By  
DEPT OF CHILD SUPPORT SERVICES

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
Bk: 1213 Pg: 2704



Deputy sg

APN# na  
11 digit number may be obtained at:  
<http://sandgate.co.clark.nv.us/cicsAssessor/owner.htm>

NOTICE OF LIEN  
**Type of Document**  
(Example: Declaration of Homestead, Quit Claim Deed, etc.)

**Recording requested by:**

Department of Child Support Services

**Return to:**

Name Department of Child Support Services

✓ Address 2041 Iowa Ave.

City/State/Zip Riverside, CA 92507

C# 0650476734-01

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(An additional recording fee of \$1.00 will apply.)

This cover must be typed or printed clearly in black ink only.

CS02/07

RCRDER

RECORDING REQUESTED BY  
RIVERSIDE COUNTY DEPARTMENT  
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0606500

WHEN RECORDED MAIL TO  
RIVERSIDE COUNTY DEPARTMENT OF  
CHILD SUPPORT SERVICES  
2041 IOWA AVE  
RIVERSIDE CA 92507-2414

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**DOCUMENT TITLE**

**NOTICE OF LIEN**

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):</p> <p><input checked="" type="checkbox"/> Recording requested by and return to. EDWARD J MCCUE , CHIEF DEPUTY CHILD SUPPORT ATTORNEY RIVERSIDE COUNTY 2041 IOWA AVE 2041 IOWA AVE RIVERSIDE CA 92507-2414</p> <p>TELEPHONE NO. (968) 901-3212      FAX NO. (Optional). (951) 955-9193</p> <p><input type="checkbox"/> ATTORNEY FOR    <input checked="" type="checkbox"/> JUDGMENT CREDITOR    <input type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0650476734-01</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b></p> <p>STREET ADDRESS: 4175 MAIN ST MAILING ADDRESS: PO BOX 431 CITY AND ZIP CODE: RIVERSIDE 92502-0431 BRANCH NAME: FAMILY LAW COURT</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: KRISTY L. KENDRICK AKA: KRISTINA L. KENDRICK OTHER PARENT: DON C. KENDRICK III</p>	
<p><b>NOTICE OF LIEN</b></p>	<p>CASE NUMBER: RID476734DCS</p>

NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder)  
Douglas County  
1616 8th Street, 2nd floor, Minden NV 89423

Obligor:

(Name/Address/DOB/SSN)  
KRYSTINA LYNN KENDRICK, 01/22/1982,  
1201 MONARCH LN, GARDNERVILLE NV 89460-8631

FROM:

(IV-D Agency or name of obligee  
and/or his or her private attorney or entity acting on behalf of the obligee,  
address, phone, e-mail address, fax number)  
RIVERSIDE COUNTY DCSS - MAIN OFFICE  
2041 IOWA AVE, RIVERSIDE CA 92507-2414  
(866) 901-3212, (951) 955-9193

Obligee:

(Name):  
SHERRY L KENDRICK

IV-D Case #: 0650476734-01  
(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 08/21/2003 by SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number RID476734DCS.

As of 11-7-2013, the obligor owes unpaid support in the amount of \$12,772.47  
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 issuing agency, the obligee, the entity acting on behalf of 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.**

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.

11/07/2013  
Date

*Maria O Salazar*  
Authorized Agent

MARIA O SALAZAR

(866) 901-3212, (951) 955-9193  
Print name, e-mail address, phone and fax number

OMB Control #: 0970-0153 Expiration Date: 05/31/2014 (Please note, this expiration date is for the OMB form and not the lien itself.)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

**NOTARY CERTIFICATE OF ACKNOWLEDGEMENT**

DCSS 0318 (11/29/07)

CSE Case Number: 0650476734-01

State of California  
County of Riverside

On 11/7/13 before me, Susie Sanchez, Notary Public, personally appeared Maria Salazar, 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 [Handwritten Signature] (Seal)

