17, P.O. BOX 391 Placerville, CA 95667

Doc Number: **0839104** 

03/06/2014 09:31 AM OFFICIAL RECORDS

Requested By COUNTY OF EL DORADO

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 10f 4

Fee: \$ 17.00

Bk: 0314 Pg: 614

COUNTY CODE: 0601701

RECORDING REQUESTED BY EL DORADO COUNTY DEPARTMENT

OF CHILD SUPPORT SERVICES

WHEN RECORDED MAIL TO EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD STE 203 SOUTH LAKE TAHOE CA 96150-7916

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:  CARRIE J EHLERS, ATTORNEY | FOR RECORDER'S USE ONLY     |
|--|-----------------------------|
| EL DORADO COUNTY  3368 LAKE TAHOE BLVD STE 203 3368 LAKE TAHOE BLVD STE 203 SOUTH LAKE TAHOE CA 96150-7916               | 56046                       |
| TELEPHONE NO · (866) 901-3212 FAX NO. (Optional): (530) 541-1820   | \                           |
| ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD  |                             |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO  |                             |
| STREET ADDRESS 1354 JOHNSON BLVD STE 2   |                             |
| MAILING ADDRESS: 1354 JOHNSON BLVD STE 2   |                             |
| CITY AND ZIP CODE SOUTH LAKE TAHOE 98150-8216  |                             |
| BRANCH NAME SOUTH LAKE TAHOE BRANCH  | <u></u>                     |
| PETITIONER/PLANTIFF: REBEKAH OWEN  |                             |
| RESPONDENT/DEFENDANT: MATTHEW MIRELL   | •                           |
| OTHER PARENT.  |                             |
| NOTICE OF LIEN   | CASE NUMBER:<br>SFL20120137 |



## NOTICE OF LIEN

#### TO:

(Name/Address of recorder or asset holder) Douglas County Recorder Clerk 1616 8th St, Minden NV 89423

Obligor:

(Name/Address/DOB/SSN) MATTHEW SPENCER MIRELL, 05/03/1986, 1351 PATRICIA DR, GARDNERVILLE NV 89460-8407

## 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) EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD STE 203, SOUTH LAKE TAHOE CA 96150-7916 (866) 901-3212, dcss@edcgov.us, (530) 541-1820

Obligee:

(Name):

**REBEKAH D OWEN** 

IV-D Case #:

200000001156046

(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 12/06/2012 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SFL20120137.

As of 01/15/2014, the obligor owes unpaid support in the amount of \$1,023.34 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: 1351 PATRICIA DR GARDNERVILLE, NV 89460-8407

BK . 03 14 PG : 6 15 3/6/20 14

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. [X] 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.

0145/2014

Date

Authorized Agent

KATIE CAVEN-ELKINS

dcss@edcgov.us

(530) 573-3445, (530) 541-1820

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.)

# CERTIFICATE OF ACKNOWLEDGMENT

| State of California )  |
|--|
| County of EL DORADO )  |
|  |
| On 1-27-14 before me, MARY J. LUCKEL, NOTARY PUBLIC                                      |
| Date (here insert name and title of the officer)  Personally appeared KATIE CAVEN-ELKINS |
| 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 Of Notary Public Place Notary Seal Above