

El Dorado County Child Support
P.O. BOX 391
Placerville, CA 95667

Doc Number: **0846917**

07/25/2014 10:40 AM

OFFICIAL RECORDS

Requested By
EL DORADO COUNTY

NO APN

RECORDING REQUESTED BY
EL DORADO COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 0714 Pg: 5769



Deputy sd

COUNTY CODE: 0601701

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)</p> <p><input checked="" type="checkbox"/> Recording requested by and return to CARRIE J EHLERS, ATTORNEY EL DORADO COUNTY 3368 LAKE TAHOE BLVD STE 203 3368 LAKE TAHOE BLVD STE 203 SOUTH LAKE TAHOE CA 96150-7916</p> <p>TELEPHONE NO: (866) 901-3212 FAX NO (Optional) (530) 641-1820</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>0170056859-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</p> <p>STREET ADDRESS: 1354 JOHNSON BLVD STE 2 MAILING ADDRESS: 1354 JOHNSON BLVD STE 2 CITY AND ZIP CODE: SOUTH LAKE TAHOE 96150-8216 BRANCH NAME: SOUTH LAKE TAHOE BRANCH</p>	
<p>PETITIONER/PLANTIFF: COUNTY OF EL DORADO</p> <p>RESPONDENT/DEFENDANT: VICTOR RAMOS</p> <p>OTHER PARENT: FLOR V TAPIA</p>	
<p>NOTICE OF LIEN</p>	<p>CASE NUMBER: SFS20070064</p>

NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder)
Douglas County Recorder
PO Box 218, Minden NV 89423

Obligor:

(Name/Address/DOB/SSN)
VICTOR RAMOS, 04/29/1985 *NO SSN*
137 KAHLE DR APT 4, STATELINE NV 89449

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, dcscs@edcgov.us, (530) 541-1820

Obligee:

(Name):
FLOR V TAPIA

IV-D Case #: 0170056859-01
(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SFS20070064.

As of 06/05/2014, the obligor owes unpaid support in the amount of \$3,407.58
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:
137 KAHLE DR APT 4,
STATELINE NV 89449

"No APN"

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.

6-5-14
Date

Donna J. Bray
Authorized Agent

DONNA J BRAY
dcss@edcgov.us
(530) 573-3457, (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 6-5-14 before me, Laura A Borek, Notary Public,
Name and Title of the Officer

personally appeared Donna Bray
Name(s) of Signer(s)

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

Laura A Borek, Notary Public