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KAREN ELLISON, RECORDER

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APN # \_\_\_\_\_

**Recording Requested by and returned to:**

(for Recorder's use only)

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

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

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

Release of Lien (RELN)

Judgment and Order

Stipulation and Order

Other:

**NCP'S NAME: MATTHEW STEVEN WEAKLAND**

**UPI #: 378-39-1000A**

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

(Additional recording fee applies.)

This cover page must be typed or printed.

1 CASE NO. 14-UR-0062

2 DEPT. NO. II

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

4 **IN AND FOR THE COUNTY OF DOUGLAS**

5  
6 DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
7 AND MEGHAN LEIGH LOCHRIDGE

8 Obligees,

**AFFIDAVIT OF RECORDATION**

9 Vs.  
10 MATTHEW STEVEN WEAKLAND  
11 Obligor

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

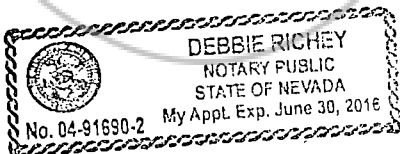
- 13 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada, over the
- 14 age of twenty-one years of age, and an employee of the Division of Welfare and Supportive
- 15 Services Child Support Enforcement Office managing the legal process under Case Number
- 16 378-39-1000A
- 17 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142 and
- 18 NRS17.150, and when so recorded shall become a lien upon all the real property of the Obligor.
- 19 3. That the Obligor's name is MATTHEW STEVEN WEAKLAND, whose address, Social
- 20 Security number and date of birth is confidential on file with the Division of Welfare and
- 21 Supportive Services Child Support Enforcement Office.
- 22 4. That attached hereto is a certified copy of the Judgment and Order filed on November 4, 2014.

23 *Linda Holcomb*  
24 Linda Holcomb  
25 Administrative Assistant II

26 State of Nevada, County of Washoe

27 Subscribed and sworn before me this  
28 14<sup>th</sup> day of November, 2014

*Debbie Richey*  
NOTARY PUBLIC



**INSTRUCTIONS TO RECORDER**

Obligor: MATTHEW STEVEN WEAKLAND

Obligee: MEGHAN LEIGH LOCHRIDGE

Date: November 13, 2014

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.

RECEIVED  
COPY  
NOV 03 2014

FILED

1 Case No. 14-UR-0062

DOUGLAS COUNTY  
DISTRICT COURT CLERK

2014 NOV -4 PM 2:51

2 Dept No. II

BOBBIE R. WILLIAMS  
CLERK

M. BIAGGINI DEPUTY

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

7 IN AND FOR THE COUNTY OF DOUGLAS

9 DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
AND MEGHAN LEIGH LOCHRIDGE

Obligee,

11 Vs.

12 MATTHEW STEVEN WEAKLAND

Obligor

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

17 JUDGMENT AND ORDER

18 This matter was heard on October 10, 2014, before the Court Master with the following  
19 persons present:

20 Obligee:  Present ( ) Not Present Represented by: \_\_\_\_\_

21 Obligor:  Present ( ) Not Present Represented by: \_\_\_\_\_

22 Presented by: Iola Carpenter Department of Health and Human Services  
23 Child Support Enforcement

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

26 The Obligor was properly served on July 30, 2014, with a Notice and Finding of Financial  
27 and Responsibility.  
28

1 Obligor is the father of Kole Steven Weakland, born December 10, 2013.

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

4 ( ) Obligee was properly noticed of today's hearing on or about \_\_\_\_\_.

5 THE RECOMMENDED ORDER:

6 1. (X) An arrears Judgment is entered in the amount of \$ 2178.00 for/through  
7 December 1, 2013 through October 1, 2014.

8 (X) To be paid by payments of \$ 75.00 per month beginning November 1, 2014.

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

12 STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)  
13 P.O. BOX 98950  
14 LAS VEGAS, NV 89193-89501

15 The following information must be included with each payment:

- 16 A. Name (first, middle, last) of person responsible for paying child support.  
17 B. Social Security Number of person responsible for paying child support.  
18 C. Child support case number 378-39-1000A listed on each payment.  
19 D. Name of custodian (first and last name of person receiving child support).

20 PAYMENT OF SUPPORT IS TO BE AS PROVIDED HEREIN, AND THE GIVING  
21 OF GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE  
22 WILL NOT FULFILL THE OBLIGATION.

23 NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO  
24 THE OBLIGEE.

25 2. All payments shall be made by immediate income withholding. If you pay your child  
26 support through income withholding and your full obligation is not met by the amount  
27 withheld by your employer, you are responsible to pay the difference between your  
28 court ordered obligation and the amount withheld by your employer directly to the  
STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU). If you fail to do so

1 you will be subject to the assessment of penalties and interest. You may avoid these  
2 additional costs by making your current child support payments each month.

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

7 4. Obligor shall be responsible for ALL child support and judgment payments due.  
8 Payment is to be made directly to the STATE COLLECTION AND DISBURSEMENT  
9 UNIT (SCaDU). At any time withholding does not occur, Obligor must make  
10 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT  
11 (SCaDU).

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

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

20 7. The State of Nevada has continuing exclusive jurisdiction for enforcement and  
21 modification purposes pursuant to the Full Faith and Credit for Child Support Orders  
22 Act.

23 ///

24 ///

25 ///

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1 It is further ordered that: prospective interest is waived  
2 due to undue hardship. obligor waives  
3 all arrears owed to her. Case is arrears  
4 only as the parties have reconciled.  
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9 **SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:**

10 Child Support Arrearages..... \$ 75.<sup>00</sup> Effective 11/1/2014  
11 **TOTAL PAYMENT.....** \$ 75.<sup>00</sup>

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

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

17 **IT IS SO RECOMMENDED.**

18  
19 This 10 day of Oct., 2014.

20   
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COURT MASTER

1 **NOTICE OF RIGHT TO WAIVE APPEAL**

2 ( ) The Obligor waives the ten (10) days for objection to the Master's Report, and  
 3 this report may be submitted to the District Court immediately.  
 4 Receipt of the Master's Recommendation is acknowledged by my signature below.

5 \_\_\_\_\_  
 6 Matthew Steven Weakland, Obligor

7 **NOTICE OF RIGHT TO APPEAL**

8 Appeals are governed by NRS 425.3844. You have 10 (ten) days from receipt of this  
 9 recommendation to file your appeal. A failure to file and serve a written appeal will result  
 10 in final Judgment being ordered by District Court.

11 Appeals to this Order **must be filed** with the Ninth Judicial District Court of the State of  
 12 Nevada and **served upon** the other party and the Division of Welfare and Supportive  
 13 Services at 300 East Second Street Suite 1200, Reno, NV 89501.

14 You must submit your appeal to the Court Clerk for filing by submitting your original  
 15 appeal and two copies. Legal advice regarding your appeal will not be provided.

16 For information on obtaining a appeal packet or the appeal process please call the **Division**  
 17 **of Welfare and Supportive Services** at (775) 684-7200 located at **300 East Second**  
**Street Suite 1200, Reno, NV 89501.**

18 **ORDER**

19 The Court, having reviewed the above and foregoing Master's Report prepared by the Court  
 20 Master and,

21 ( ) The Obligor having waived the right to object thereto.

22  No timely objection having been filed hereto.

23 **IT IS HEREBY ORDERED** that the Master's Findings and Recommendations are  
 24 **affirmed and adopted.**

25 Dated: 11/4, 2014.

26   
 27 \_\_\_\_\_  
 28 DISTRICT JUDGE



1 Case No. 14-UR-0062

2 Dept No. II

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5 IN AND FOR THE COUNTY OF DOUGLAS

6  
7 DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
8 AND MEGHAN LEIGH LOCHRIDGE  
9 Obligee,

10 Vs.

11 MATTHEW STEVEN WEAKLAND  
12 Obligor  
\_\_\_\_\_ /

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 MATTHEW STEVEN WEAKLAND  
18 CONFIDENTIAL  
19 IN FILE

20 MEGHAN LEIGH LOCHRIDGE  
21 CONFIDENTIAL  
22 IN FILE

23 DATED: October 13, 2014

24 SIGNED: Linda Holcomb  
25 LINDA HOLCOMB  
26 ADMINISTRATIVE ASSISTANT II

27 DOCUMENTS: JUDGMENT AND ORDER  
28 CASE NO. 14-UR-0062



COPY

RECEIVED

NOV 10 2014

STATE OF NEVADA  
CHILD SUPPORT PROGRAM

**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 November 4 2014

BOBBIE R. WILLIAMS Clerk of Court  
of the State of Nevada, in and for the County of Douglas,

By M. Bragg Deputy