



KAREN ELLISON, RECORDER

RECORDING REQUESTED BY
EL DORADO COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <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		FOR RECORDER'S USE ONLY
TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 541-1820		200000001493750
<input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> 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 96150-8216		
BRANCH NAME: SOUTH LAKE TAHOE BRANCH		
PETITIONER/PLANTIFF: ERIN SIMENTAL		
RESPONDENT/DEFENDANT: RAFAEL SIMENTAL JR		
OTHER PARENT:		
NOTICE OF LIEN		CASE NUMBER: SFS20070020

NOTICE OF LIEN

TO:

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

Obligor:

(Name/Address/DOB/SSN)
ERIN K ANDERSON, 02/13/1977, [REDACTED]
1290 ZINFANDEL DR, UNIT B, GARDNERVILLE NV 89460-9645

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

Obligee:

(Name):
RAFAEL SIMENTAL JR

IV-D Case #: 200000001493750
(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 11/20/2014
by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number SFS20070020.

As of 12/24/2014, the obligor owes unpaid support in the amount of \$ 514.41. 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:
1290 ZINFANDEL DR
UNIT B
GARDNERVILLE, NV 89460-9645

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.

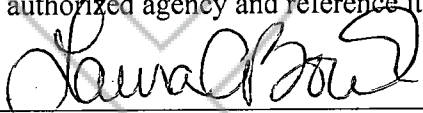
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

12/24/2014

Date



Authorized Agent
LAURA BOREK
dcss@edcgov.us
(530) 573-3461 (530) 541-1820

Print name, e-mail address, phone and fax number

B. Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an obligee

I am the obligee of the above referenced order [or]
 an attorney or entity representing the above named obligee

~~I certify under penalty of perjury that the information contained in this notice is true and accurate and that this lien is submitted in accordance with the laws of the State of _____.~~
For additional information regarding this lien, including the pay-off amount, please contact the obligee listed above.

Date

Signature

Print name, e-mail address, phone and fax number

Notary State: California

County: El Dorado

I certify that Laura Borek appeared before me and is known to me as the individual who signed the above.

Date: 12-24-14

Mary J. Luckel
Notary Public

My appointment expires 11-10-17

Notice: Respondents are not required to respond to this information collection unless it displays a valid OMB control number. The average burden for responding to this information collection is estimated at 30 minutes. If you believe this estimate is inaccurate, or if you have ideas to reduce this burden, please provide comment to the issuing agency.

OMB Control #: 0970-0153 Expiration Date: 12/31/2016 (Please note, this expiration date is for the OMB form and not the lien itself.)

