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KAREN ELLISON, RECORDER

RECORDING REQUESTED BY  
MARIN COUNTY DEPARTMENT  
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0604100

WHEN RECORDED MAIL TO  
MARIN COUNTY DEPARTMENT OF CHILD  
SUPPORT SERVICES  
88 ROWLAND WAY STE 200  
NOVATO CA 94945-5049

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: MICHELLE A. MONIZ, DEPUTY CHILD SUPPORT ATTORNEY MARIN COUNTY 88 ROWLAND WAY STE 200 PO BOX 6145 NOVATO CA 94945-5049		FOR RECORDER'S USE ONLY     200000001483070
TELEPHONE NO.: (866) 901-3212      FAX NO. (Optional): (415) 473-4150 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN</b> STREET ADDRESS: 3501 CIVIC CENTER DR, RM 113 MAILING ADDRESS: PO BOX 4988 CITY AND ZIP CODE: SAN RAFAEL 94913-4988 BRANCH NAME: SUPERIOR COURT		
PETITIONER/PLANTIFF: JON DAVID PETERSON RESPONDENT/DEFENDANT: EMELINE LANNOIS OTHER PARENT:		
<b>NOTICE OF LIEN</b>		CASE NUMBER: FL 1402217

NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder)  
Douglas County Recorder  
P.O. Box 218, Minden NV 89243

Obligor:

(Name/Address/DOB/SSN)  
JON DAVID PETERSON, 06/10/1965, XXX-XX-9148  
281 Quaking Aspen Lane, 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)  
MARIN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
PO BOX 6145, NOVATO CA 94948-6145  
(866) 901-3212, lcsa@marincounty.org, (415) 473-4150

Obligee:

(Name):  
EMELINE LANNOIS

IV-D Case #: 200000001483070  
(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 10/30/2014  
by SUPERIOR COURT OF CALIFORNIA in MARIN tribunal number FL 1402217.

As of 01/01/2015, the obligor owes unpaid support in the amount of \$ 3,450.96 . 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:

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.**

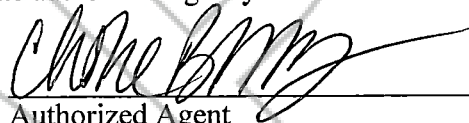
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

01/21/2015

Date



Authorized Agent

CHRISTINE BOTTOMLEY

lcsa@marincounty.org

(415) 473-3023

(415) 473-4150

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: \_\_\_\_\_

County: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My appointment expires \_\_\_\_\_

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.)