DOUGLAS COUNTY, NV Rec:\$17.00

2015-861569 05/07/2015 09:09 AM

Total:\$17.00 EL DORADO COUNTY



RECORDING REQUESTED BY EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE:

0601700

WHEN RECORDED MAIL TO EL DORADO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 3883 PONDEROSA RD SHINGLE SPRINGS CA 95682-8801

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X Recording requested by and return to: CARRIE J. EHLERS , ATTORNEY EL DORADO COUNTY	FOR RECORDER'S USE ONLY
3883 PONDEROSA RD PO BOX 391 SHINGLE SPRINGS CA 95682-8801	
TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 621-2022	
ATTORNEY FOR X JUDGMENT CREDITOR ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO	
STREET ADDRESS: 495 MAIN ST	
MAILING ADDRESS: 495 MAIN ST	,
CITY AND ZIP CODE: PLACERVILLE 95667-5628	
BRANCH NAME: PLACERVILLE BRANCH	, .
PETITIONER/PLANTIFF: COUNTY OF EL DORADO	
RESPONDENT/DEFENDANT: TIFFANY L COONROD	1 , ·
OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: PFS20080207

NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder) Douglas County Recorder 1616 8th St., PO Box 218, Minden NV 89423

Obligor:

(Name/Address/DOB/SSN) TIFFANY L COONROD, 05/11/1986, 648 LONG VALLEY RD, GARDNERVILLE NV 89460-8221

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 PO BOX 391, PLACERVILLE CA 95667-0391
(866) 901-3212, dcss@edcgov.us, (530) 621-2022

Obligee:

(Name):

LORRAINE M FOGARTY

IV-D Case #:

200000000168611

(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 06/24/2008 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number PFS20080207.

As of 3/23/15, the obligor owes unpaid support in the amount of 4007.99. 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:

Any real property which is owned by or may be acquired by the obligor.

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.

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, Par

[X] Submitted by a IV-D agency/office on behalf of the named obligee

A.

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.

number, both listed above.	
03/23/2015	$\mathcal{A}(\mathcal{A}(\mathcal{A}))$
Date	Authorized Agent
	MATTHEW E PEDIGO
	dcss@edcgov.us
/ /	(530) 642-7240 (530) 621-2022
	Print name, e-mail address, phone and fax number
B. [] Submitted by an obligee or a pri	vate (non-IV-D) attorney or entity on behalf of an
obligee	
I am [] the obligee of the above reference	ced order [or]
[] an attorney or entity representing	g the above named obligee
I certify under penalty of periury that the inf	ormation contained in this notice is true and accurate
and that this lien is submitted in accordance	
	n, including the pay-off amount, please contact the
obligee listed above.	
Date	Signature
	-
	Print name e-mail address phone and fax number

CERTIFICATE OF ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of El Dorado

On 03/25/2015

before me, Pam Linthicum, Notary Public

Date

(here insert name of and title of the officer)

personally appeared Matthew Pedigo

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.

PAM LINTHICUM COMM. #2050236 Notary Public-California EL DORADO COUNTY My Comm. Exp. NOV. 26, 2017

Signature

Place Notary Seal Above

Signature of Notary Public