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KAREN ELLISON, RECORDER

RECORDING REQUESTED BY
TULARE COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0610700

WHEN RECORDED MAIL TO
TULARE COUNTY DEPARTMENT OF CHILD
SUPPORT SERVICES
8040 W DOE AVE
VISALIA CA 93291-9721

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: KATHLEEN AYERS, ATTORNEY V TULARE COUNTY 8040 W DOE AVE 8040 W DOE AVE VISALIA CA 93291-9721 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (559) 730-2595 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY 0193074259-01
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: 640 S ALTA AVE MAILING ADDRESS: 640 S ALTA AVE CITY AND ZIP CODE: DINUBA 93618-2654 BRANCH NAME: DINUBA DIVISION / CHILD SUPPORT		
PETITIONER/PLANTIFF: THE COUNTY OF FRESNO RESPONDENT/DEFENDANT: KRISTOPHER WILLIAM SCHWEGEL OTHER PARENT: SANDRA CHERIE SCHWEGEL		
NOTICE OF LIEN		CASE NUMBER: VFS068755

NOTICE OF LIEN

TO:

(Name/Address of recorder or asset holder)
DOUGLAS COUNTY RECORDER
ATTN: LIEN REQUEST, PO BOX 218, MINDEN NV 89423

Obligor:

(Name/Address/DOB)
KRISTOPHER W SCHWEGEL, 03/26/1970,
764 RAAB CT, GARDNERVILLE NV 89460-7574

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)
D.C.S.S. TULARE COUNTY - VISALIA OFFICE
8040 W DOE AVE, VISALIA CA 93291-9721
(866) 901-3212, (559) 730-2595

Obligee:

(Name):
SANDRA C MINYARD

IV-D Case #: 0193074259-01
(or non-IV-D docket #)

This lien results, by operation of law, from a child support order, entered on 09/28/1999
by SUPERIOR COURT OF CALIFORNIA in TULARE tribunal number VFS068755.

As of 04/2015, the obligor owes unpaid support in the amount of \$ 68,312.49. 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 property owned or willed to Kristopher W Schwegel.

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.

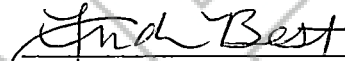
Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

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.

05/08/2015

Date



Authorized Agent

LINDA E BEST

866-901-3212

(559) 730-2595

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

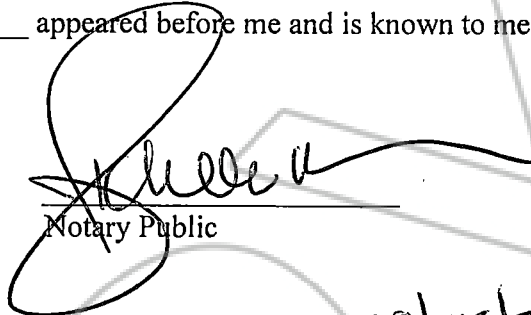
Print name, e-mail address, phone and fax number

Notary State: California

County: TULARE

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

Date: 6.9.15


Notary Public



My appointment expires 10/05/2017

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.)

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

DCSS 0318 (12/01/14)

CSE Case Number: _____

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 TULARE

On 6/20/15 before me, Michelle Joan Gutierrez, Notary, personally appeared Linda Best, 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 _____ (Seal)

Notary Public

