RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

NAN K. UDELL 195204 CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 66 CRESCENT CITY, CA 95531-0066 BOOK 391 PAGE 286-289
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
WILL North County
-2004 AUG 18 PM 4: 33

EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER FILE NO. FEES, 700 191443

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to:	0050375 08DTG	FOR RECORDER'S USE ONLY
NAN K. UDELL 195204 CHILD SUPPORT ATTORNEY	00019	
DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 66		
CRESCENT CITY, CA 95531-0066		
TELEPHONE NO.: (707) 464-7232		>
ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE		
STREET ADDRESS: 450 H STREET MAILING ADDRESS: 450 H STREET		
CITY AND ZIP CODE: CRESCENT CITY, CA 95531		
BRANCH NAME: SUPERIOR CRT OF CA, COUNTY OF DEL NORTE		
PETITIONER/PLAINTIFF: THE COUNTY OF DEL NORTE OBO TH	E COUNTY OF FRESNO	i
RESPONDENT/DEFENDANT: DOYLE C GREEN	/	:
OTHER PARENT:		
NOTICE OF LIEN		CASE NUMBER: CVFS01-8346
L		

Notice of Lien

TO:

(Name/Address of recorder)

EUREKA COUNTY RECORDER

P.O. BOX 556

EUREKA, NV 89316

Obligor:

(Name/Address/DOB/SSN)

DOYLE C. GREEN

DOB: 02-22-1962

SSN: 556-11-6494

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)

DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 66 CRESCENT CITY, CA 95531-0066

TELEPHONE: (707) 464-7232

FAX: (707) 465-0126

E-MAIL ADDRESS:

Obligee: (Name)

FEDERAL FOSTER CARE

IV-D Case#: 0050375

This lien results from a child support order, entered on 01-30-1998 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF DEL NORTE in CA tribunal number: CVFS01-8346

As of **08-12-2004**, the obligor owes unpaid support in the amount of \$5701.39 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 titled 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:

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 to contest or challenge this lien. This lien remains in effect until released by the obligee or in accordance with the laws of the State of filing.

Note to Lien Recorder: Please provide the sender with a copy of the filed fien, containing the recording information, at the address provided above.

Check either "A" or "B" below:

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

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.

AUGUST 12, 2004	<u> </u>	Line I
Date		Authorized Agent

DANA T. GREEN

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

TELEPHONE: (707) 464-7232

FAX: (707) 465-0126 E-MAIL ADDRESS:

B. [] Submitted by an obligee or a private (non-IV-I	D) attorney or entity on behalf of an obligee
	/ /
am [] the obligee of the above referenced order [or]	
[] an attorney or entity representing the above n	amed obligee
certify under penalty of perjury that the information cont	
ien is submitted in accordance with the laws of the State	
regarding this lien, including the pay-off amount, please co	ontact the obligee listed above.
Date	Signature
	Print name, e-mail address, phone and fax number

STATE OF: CALIFORNIA

COUNTY OF: DEL NORTE

I certify that

DANA T. GREEN

individual who signed the above.

appeared before me and is known to me as the

Notary Public



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: 03/31/2004

191443

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