RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150 BOOK 431 PAGE 11 - 14 OFFICIAL RECORDS RECORDED AT THE PERMIST OF CALL DISTINGTHE CALL SERVICES 2006 JAN 24 PM 1:03

EUREKA COUNTY. NEVADA M.N. REBALEATI. RECORDER FILE NO. FEES /7.00

203221

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: 0018910 09SJH	FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150 TELEPHONE NO.: (530) 573-3455 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: 1354 JOHNSON BLVD SUITE 2 MAILING ADDRESS: 1354 JOHNSON BLVD SUITE 2 CITY AND ZIP CODE: SOUTH LAKE TAHOE, CA 96150 BRANCH NAME: SUPERIOR COURT OF CALIFORNIA, EL DORADO	
PETITIONER/PLAINTIFF: COUNTY OF EL DORADO, ET AL. RESPONDENT/DEFENDANT: JOSEPH JAY MORRIS OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: SLT7789

7624/FEB 05

09SJH LAS041



Notice of Lien

TO:

(Name/Address of recorder or asset holder)

EUREKA COUNTY RECORDER/AUDITOR P O BOX 556 EUREKA, NV 89316

Obligor:

(Name/Address/DOB/SSN)

JOSEPH J. MORRIS MOYLAN

P O BOX 211238

CRESCENT VALLEY, NV 89821

DOB: 03-18-1969

SSN: |

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 3368 LAKE TAHOE BLVD #100 SOUTH LAKE TAHOE, CA 96150

TELEPHONE: (530) 573-3455

FAX: (530) 541-1820

E-MAIL ADDRESS:

Obligee: (Name)

CARLA J. POWELL

IV-D Case#: 0018910

This lien results from a child support order, entered on 01-04-1989 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF EL DORADO in CA tribunal number SLT7789

As of 09-22-2005 , the obligor owes unpaid support in the amount of \$8,837.24 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:

7624/FEB 05 09SJH LAS041.

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 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. [X] 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.

SEPTEMBER 22, 2005	Awan Herron
Date	Authorized Agent
	\ \ \ /
	CUCAN A VICTORY
	SUSAN J. HENSON
/ /	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (530) 573-3455
	FAX: (530) 541-1820
	E-MAIL ADDRESS:
\ \	\ \
B (1) 0.1 \(\dagger\) 1 \(\dagger\)	
B. [] Submitted by an obligee or a p	rivate (non-IV-D) attorney or entity on behalf of an
I am [] the obligee of the above reference	and audat facil
I am [] the obligee of the above reference [] an attorney or entity representing	
	g and a development of the second of the sec
Leartify under penalty of periusy that the inf	formation contained in this notice is true and accurate
and that this lien is submitted in accordance	with the laws of the State of California.
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
	· ····· name addition, priorite and tax

Notary State: CALIFORNIA

County:

EL DORADO

I certify that

SUSAN J. HENSON

appeared before me and is known to me as

the individual who signed the above.

Date 9-22-05

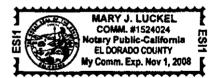
Notary Public

My appointment expires.

11-01-08

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: 01/31/2008



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