

DOC # 0215252

07/26/2010 09:20 AM

Official Record

Recording requested By
AMADOR COUNTY CHILD SUPPORT SVCS

Eureka County - NV
Mike Rebaleati - Recorder

Fee: Page 1 of 3
RPTT: Recorded By FES
Book- 501 Page- 0133

RECORDING REQUESTED BY
AMADOR COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0600500

WHEN RECORDED MAIL TO
AMADOR COUNTY DEPARTMENT OF
CHILD SUPPORT SERVICES
639 NEW YORK RANCH RD
JACKSON CA 95642-9328



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)</p> <p><input checked="" type="checkbox"/> Recording requested by and return to: LON HAMBURGER, CHIEF CHILD SUPPORT ATTORNEY/GENERAL COUNSEL AMADOR COUNTY 639 NEW YORK RANCH RD 639 NEW YORK RANCH RD JACKSON CA 95642-9328</p> <p>TELEPHONE NO: (866) 901-3212 FAX NO. (Optional): (209) 223-6295</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0050023008-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR</p> <p>STREET ADDRESS: 500 ARGONAUT LN MAILING ADDRESS: 500 ARGONAUT LN CITY AND ZIP CODE: JACKSON 95642-9534 BRANCH NAME: SUPERIOR COURT</p>	
<p>PETITIONER/PLANTIFF: SHANNON KOHLER RESPONDENT/DEFENDANT: DAVID J KOHLER OTHER PARENT:</p>	
<p style="text-align: center;">NOTICE OF LIEN</p> <p style="text-align: right;">CASE NUMBER: 06-FC-2961</p>	

NOTICE OF LIEN

TO:
Eureka County Recorder
P.O. Box 556, Eureka NV 89316

Obligor:
DAVID J KOHLER, 11/13/1974, [REDACTED]
291 COUNTY ROAD 101, EUREKA NV 89316

FROM:
CENTRAL SIERRA CHILD SUPPORT AGENCY
639 NEW YORK RANCH RD. JACKSON CA 95642-9328
(866) 901-3212. cscsa@co.amador.ca.us, (209) 223-6295

Obligee:
SHANNON P KOHLER
IV-D Case #: 0050023008-01

This lien results from a child support order, entered on 10/03/2006 by SUPERIOR COURT OF CALIFORNIA in AMADOR tribunal number 06-FC-2961.

As of 07/21/2010, the obligor owes unpaid support in the amount of \$3,582.59
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:
291 COUNTY ROAD 101
EUREKA, NV 89316



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. 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.

07/21/2010

Date

Authorized Agent

M. J. Brawner
MARLENE J BRAWNER

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

