

DOC # 0218416

08/19/2011

01:07 PM

Official RecordRecording requested By
ELDORADO COUNTY DEPTEureka County - NV
Mike Rebaleati - Recorder

Fee

Page 1 of 4

RPTT:

Recorded By: FES

Book- 520 Page- 0175

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
3057 BRIW RD STE B
PLACERVILLE CA 95667-5321

0218416

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: CARRIE J. EHLERS, ATTORNEY EL DORADO COUNTY 3057 BRIW RD STE B PO BOX 391 PLACERVILLE CA 95667-5321 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 621-2022 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY 0170014590-01
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 ELDORADO, OBO RESPONDENT/DEFENDANT: KEITH JERALD HUTCHINGS OTHER PARENT:		
NOTICE OF LIEN		CASE NUMBER: 45792

NOTICE OF LIEN

TO:
Recorder/Auditor
P.O. Box 556, EUREKA NV 89316

Obligor:
KEITH J HUTCHINGS, 09/16/1953 [REDACTED]
1664 THUNDERBIRD ST, LAS CRUCES NM 88011-4966

FROM:
EL DORADO COUNTY DEPT. OF CHILD SUPPORT SERVICES
PO BOX 391, PLACERVILLE CA 95667-0391
(866) 901-3212, dcsc@co.el-dorado.ca.us, (530) 621-2022

Obligee:
MARY L HUTCHINGS
IV-D Case #: 0170014590-01

This lien results from a child support order, entered on 08/12/1987 by SUPERIOR COURT OF CALIFORNIA in EL DORADO tribunal number 45792.

As of 8/12/2011, the obligor owes unpaid support in the amount of \$2,835.60
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:

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.

08/12/2011 08/16/11
Date

Latonia Weary
Authorized Agent

LATONIA D WEARY
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

CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of El Dorado

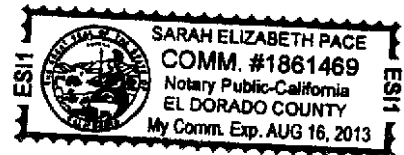
On August 16, 2011 before me, Sarah Elizabeth Pace, Notary Public,
Name and Title of the Officer

personally appeared Latonia Weary
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.



Signature

A handwritten signature in cursive script, appearing to read 'Sarah Elizabeth Pace', written over a horizontal line.

Place Notary Seal Above



0218416

Book 520
Page 178

08/19/2011
Page 4 of 4