

124861

Notice of Lien

FILED FOR RECORDING
AT THE REQUEST OF

Tulare County Auditor

2005 JUL 8 AM 9 48

LINCOLN COUNTY RECORDER
FEE *17.00*
LESLIE BOUCHER *DEP*

TO:

(Name/Address of recorder or asset holder)

**LINCOLN COUNTY RECORDER
PO BOX 218**

PIOCHE, NV. 89043

Obligor:
(Name/Address/DOB/SSN)

**ANDREW RAMIREZ
PIOCHE CONSERVATION CAMP
PO BOX 509
PIOCHE, NV 89043**

**DOB: 12-14-1974
SSN: [REDACTED]**

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
8040 DOE AVENUE
VISALIA, CA 93291**

**TELEPHONE: (559) 713-5700 FAX: (559) 730-2595
E-MAIL ADDRESS: CMETCALF@CO.TULARE.CA.US**

Obligee:
(Name)

ELIZABETH PINEDA

IV-D Case#: 0044021

This lien results from a child support order, entered on **01-14-1999** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF TULARE** in CA tribunal number **9831932**

As of **03-16-2005**, the obligor owes unpaid support in the amount of **\$4,267.70**.
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 AND ALL PROPERTY OWNED BY: ANDREW RAMIREZ, LAST KNOWN ADDRESS ON FILE:
PO BOX 509, PIOCHE, NV. 89043**



RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

JEFF WASS
CHIEF ATTORNEY *****
DEPARTMENT OF CHILD SUPPORT SERVICES
8040 DOE AVENUE
VISALIA, CA 93291

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: JEFF WASS CHIEF ATTORNEY ***** DEPARTMENT OF CHILD SUPPORT SERVICES 8040 DOE AVENUE VISALIA, CA 93291		0044021 DACSM	FOR RECORDER'S USE ONLY
TELEPHONE NO: (559) 713-5700 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MOONEY BLVD. & BURREL AVENUE MAILING ADDRESS: MOONEY BLVD. & BURREL AVENUE CITY AND ZIP CODE: VISALIA, CA 93291 BRANCH NAME: TULARE COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: THE COUNTY OF TULARE, ETC. RESPONDENT/DEFENDANT: RAMIREZ, ANDREW OTHER PARENT: PINEDA, ELIZABETH			
NOTICE OF LIEN		CASE NUMBER: 9831932	



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.

MARCH 17, 2005
Date

Carla S. Metcalf
Authorized Agent

CARLA S. METCALF
Print name, e-mail address, phone and fax number
TELEPHONE: (559) 713-5700
FAX: (559) 730-2595
E-MAIL ADDRESS: CMETCALF@CO.TULARE.CA.US

B. Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an

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 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

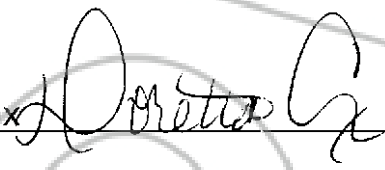
Notary State: CALIFORNIA

County: TULARE

I certify that **CARLA S. METCALF** appeared before me and is known to me as
the individual who signed the above.

Date 3-17-05

DORRETTA COX
Notary Public



My appointment expires _____



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