## RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

C. STANLEY TROM

DEPARTMENT OF CHILD SUPPORT SERVICES 4651 TELEPHONE ROAD SUITE 101 VENTURA, CA 93003 FILED FUR RECORDING
AT THE REQUEST OF
Ventora County Department
of Child Support Sources
2006 APR 24 PM 2 24

LINCOLM COUNTY RECORDER
FEE 1600
LESLIE BOUCHER

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

## NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  C004451  Recording requested by and return to:  56DOB	FOR RECORDER'S USE ONLY
C. STANLEY TROM	
DEPARTMENT OF CHILD SUPPORT SERVICES 4651 TELEPHONE ROAD SUITE 101 VENTURA, CA 93003  TELEPHONE NO.: (805) 654-5200 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  STREET ADDRESS: 800 S. VICTORIA AVENUE  MAILING ADDRESS: 800 S. VICTORIA AVENUE  CITY AND ZIP CODE: VENTURA, CA 93009-2130  BRANCH NAME: VENTURA COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: COUNTY OF VENTURA RESPONDENT/DEFENDANT: STEVEN MARK BROUCKAERT OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: D151924

7624/OCT 05 56DOB LAS002ENF

## **Notice of Lien**

NO APN

TO:

(Name/Address of recorder or asset holder)

LINCOLN COUNTY RECORDER PO BOX 218 1 MAIN STREET PIOCHE, NV 89043

Obligor:

(Name/Address/DOB/SSN)

STEVEN M. BROUCKAERT HC 61 BOX 32 HIKO, NV 89017

DOB: 05-14-1957

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 4651 TELEPHONE ROAD

SUITE 101

VENTURA, CA 93003

TELEPHONE: (805) 654-5200

FAX: (805) 658-4179

E-MAIL ADDRESS:

Obligee:

(Name)

HOLLY A. BROUCKAERT

IV-D Case#: 0004451

This lien results from a child support order, entered on 03-05-1986 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF VENTURA in CA tribunal number D151924

As of 04-04-2006, the obligor owes unpaid support in the amount of \$\$22251.62. 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. [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.

DI MA

APRIL 04, 2006	hall (20)
Date	Authorized Agent
	_ \ ' /
	DULCE BEST
	Print name, e-mail address, phone and fax number
/ /	TELEPHONE: (805) 654-5200
/ /	FAX: (805) 658-4179
	E-MAIL ADDRESS:
\ \	
B. [ ] Submitted by an obligee of	r a private (non-IV-D) attorney or entity on behalf of an
I am [ ] the obligee of the above ref	erenced order [or] enting the above named obligee
[ ] an atternoy or singly represen	Sitting the debte helical conges
Logitify under penalty of periury that the	ne information contained in this notice is true and accurate
and that this lien is submitted in accord	lance with the laws of the State of California.
For additional information regarding this oblique listed above.	s lien, including the pay-off amount, please contact the
obligee listed above.	
\ /	
Date	Signature
50.0	Signature
	Print name, e-mail address, phone and fax