

126423

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 FOR RECORDING
AT THE REQUEST OF
*Ventura County Dept.
of Child Support Services*
2006 APR 24 PM 2 24

LINCOLN COUNTY RECORDER
FEE 16.00
LESLIE BOUCHER
DEPAN

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: C. STANLEY TROM | | 0004451 56DOB | FOR RECORDER'S USE ONLY |
| DEPARTMENT OF CHILD SUPPORT SERVICES 4651 TELEPHONE ROAD SUITE 101 VENTURA, CA 93003 | | | |
| TELEPHONE NO.: (805) 654-5200 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> 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 ET AL RESPONDENT/DEFENDANT: STEVEN MARK BROUCKAERT OTHER PARENT: | | | |
| NOTICE OF LIEN | | CASE NUMBER: D176002 | |

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: [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
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 **09-06-1990** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF VENTURA** in CA tribunal number **D176002**

As of **04-04-2006**, the obligor owes unpaid support in the amount of **\$ \$11970.08**

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/OCT 05 56 DOB LAS002 ENF

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.

APRIL 04, 2006
Date

Dulce Best
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 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