RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

ROBERT H. PEREZ MANAGING ATTORNEY DEPARTMENT OF CHILD SUPPORT 875 STEVENSON STREET RM 125 SAN FRANCISCO, CA 94103-9576 Doc # 2005156240
Page 1 of 4
Date: 02/11/2005 12:22P
Filed by: ROBERT H PEREZ
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.90

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X Recording requested by and return to: ROBERT H. PEREZ MANAGING ATTORNEY	3 FOR RECORDER'S USE ONLY
DEPARTMENT OF CHILD SUPPORT SERVICES 875 STEVENSON STREET RM 125 SAN FRANCISCO, CA 94103-9576	
TELEPHONE NO.: (415) 356-2702 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 MCALLISTER STREET MAILING ADDRESS: 400 MCALLISTER STREET CITY AND ZIP CODE: SAN FRANCISCO, CA 94102-4512 BRANCH NAME: SAN FRANCISCO SUPERIOR COURT	\mathcal{R}
PETITIONER/PLAINTIFF: CITY AND COUNTY OF SAN FRANCISCO RESPONDENT/DEFENDANT: TERESA M. GARCILASO OTHER PARENT:	, ,
NOTICE OF LIEN	CASE NUMBER: DA 83604

7624/JAN 05 DABYO LAS02.

Notice of Lien

TO:

(Name/Address of recorder)

SKAMINA COUNTY AUDITOR PO BOX 790

STEVENSON, WA 98648

Obligor:

(Name/Address/DOB/SSN)

TERESA M. GARCILASO 6291 LOOP RD #10 STEVENSON, WA 98648

DOB: 12-27-1969

SSN: 592-07-9587

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 617 MISSION STREET SAN FRANCISCO, CA 94105-3503

TELEPHONE: (415) 356-2702

FAX: (415) 356-2774

E-MAIL ADDRESS:

Obligee: (Name)

FFC FEDERAL FOSTER CARE

IV-D Case#: 0084483

This lien results from a child support order, entered on 09-15-2004 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SAN FRANCISCO in CA tribunal number: JD98-3329

As of 01-29-2005, the obligor owes unpaid support in the amount of 4,270.20 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 titled 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/DABYO LASO2 .



)0C # 2005156240 |sue 3 of 4

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 to contest or challenge this lien. This lien remains in effect until released by the obligee or in accordance with the laws of the State of filing.

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:

JANUARY 29, 2005

A. [X] Submitted by a IV-D agency/office on behalf of the named

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.

Date	Authorized Agent V
	BLESILDA Y. OCAMPO Print name, e-mail address, phone and fax number
	TELEPHONE: (415) 356-2702 FAX: (415) 356-2774 E-MAIL ADDRESS:
I [] the obligee of the above reference [] an attorney or entity representing I certify under penalty of perjury that the info	the above named obligee rmation contained in this notice is true and accurate
Date	Signature
	Print name, e-mail address, phone and fax

STATE OF: CALIFORNIA

COUNTY OF: SAN FRANCISCO

I certify that

BLESILDA Y. OCAMPO

appeared before me and is known to me as

the individual who signed the above.

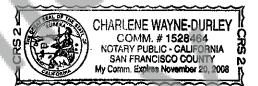
Date 01-31-2005

CHARLENE W. DURLEY

ilenel,

Notary Public

My appointment expires.



11-20-2008

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: 03/31/2004