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 # 2005157016
Page 1 of 3
Date: 04/20/2005 10:00A
Filed by: CITY & COUNTY OF SAN FRANCISCO
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Recording requested by and return to: ROBERT H. PEREZ MANAGING ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES 875 STEVENSON STREET RM 125	FOR RECORDER'S USE ONLY
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	131
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	7 '
PETITIONER/PLAINTIFF: CITY AND COUNTY OF SAN FRANCISCO RESPONDENT/DEFENDANT: TERESA M. GARCILASO OTHER PARENT:	•
NOTICE OF LIEN	CASE NUMBER: DA83604

7624/FEB 05 DAWCR ENF02.



Notice of Lien

TO:

(Name/Address of recorder or asset holder)

SKAMANIA COUNTY AUDITOR P.O. BOX 790 STEVENSON WA 98648

Obligor:

(Name/Address/DOB/SSN)

TERESA M. GARCILASO SPOKANE WA CSE P.O. BOX 11520 TACOMA, WA 98411

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 03-30-2005 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SAN FRANCISCO in CA tribunal number DA83604

As of 04-12-2005, the obligor owes unpaid support in the amount of \$4,029.92. 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/FEB 05 DAWCR ENF02 .



00C # **200515701** Page 3 of 3

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 obliged

APRIL 12, 2005

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	
	WILLIAM C. RAMIL	
	Print name, e-mail address, phone and fax number	
. ()	TELEPHONE: (415) 356-2702	
	FAX: (415) 356-2774	
	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		
Date	Cionatura	
Date	Signature	
	Print name, e-mail address, phone and fax	