RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

MICHAEL J. SYMONS, SBN 160571 CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P O BOX 970 UKIAH, CA 95482 Doc # 2005157589

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Date: 06/09/2005 03:25P

Filed by: MICHAEL J SYMONS

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$22.88

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: 23LEM	FOR RECORDER'S USE ONLY
MICHAEL J. SYMONS, SBN 160571 CHILD SUPPORT ATTORNEY	
DEPARTMENT OF CHILD SUPPORT SERVICES	
P O BOX 970	
UKIAH, CA 95482	
TELEPHONE NO.: (707) 463-4216	
ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO	
STREET ADDRESS: 100 NORTH STATE STREET	J -
MAILING ADDRESS: 100 NORTH STATE STREET CITY AND ZIP CODE: UKIAH, CA 95482	
BRANCH NAME: MENDOCINO COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: COUNTY OF MENDOCINO ET AL.,	
RESPONDENT/DEFENDANT: ROBERT ALLEN GREGORY	~
OTHER PARENT:	
	CASE NUMBER:
NOTICE OF LIEN	62857

7624/FEB 05 23LEM ENF003



## **Notice of Lien**

TO:

(Name/Address of recorder or asset holder)

SKAMANIA COUNTY AUDITOR PO BOX 790

**STEVENSON WA 98648** 

Obligor:

(Name/Address/DOB/SSN)

ROBERT A. GREGORY

**PO BOX 58** 

.

DOB: 01-07-1950

SSN:

STEVENSON, WA 98648-0058

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 P O BOX 970 UKIAH, CA 95482

TELEPHONE: (707) 463-4216

FAX: (707) 472-2820

E-MAIL ADDRESS:

Obligee: (Name)

SHIRLEY BLATTNER

IV-D Case#: 0002406

This lien results from a child support order, entered on 10-10-1991 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF MENDOCINO in CA tribunal number 62857

As of 06-03-2005, the obligor owes unpaid support in the amount of \$ 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:

No. # 2222515758 Nage 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. 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

**JUNE 03, 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	
×		
LESLIE E. MICHAEL		
	Print name, e-mail address, phone and fax number	
	TELEPHONE: (707) 463-4216	
	FAX: (707) 472-2820	
	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		
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	

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Notary State: CALIFORNIA

County:

**MENDOCINO** 

I certify that

**LESLIE E. MICHAEL** 

appeared before me and is known to me as

the individual who signed the above.

Date (0-3-05

LEANNA M.L. SALAS Commission # 1409438 Notary Public - California Mendocino County My Comm. Expires Apr 6, 2007 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