

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: \$22.00

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

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: MICHAEL J. SYMONS, SBN 160571 CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P O BOX 970 UKIAH, CA 95482 | | 0002406 23LEM | FOR RECORDER'S USE ONLY |
| TELEPHONE NO.: (707) 463-4216 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD | | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO STREET ADDRESS: 100 NORTH STATE STREET 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: | | | |
| NOTICE OF LIEN | | | CASE NUMBER: 62857 |



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
STEVENSON, WA 98648-0058**

DOB: **01-07-1950**

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
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:



Notary State: CALIFORNIA

County: MENDOCINO

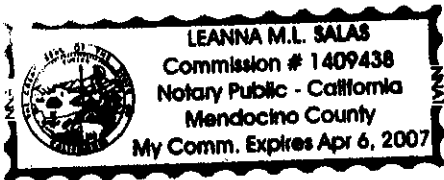
I certify that **LESLIE E. MICHAEL**
the individual who signed the above.

appeared before me and is known to me as

Date

6-3-05

Leanna M.L. Salas
Notary Public



My appointment expires

4-6-07

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