

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)

**DANIEL L. DIAMOND
PO BOX 1128
CARSON, WA 98610-1128**

DOB: 01-20-1942

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
PO BOX 128
EUREKA, CA 95502-0128**

TELEPHONE: (707) 441-3200 FAX: (707) 441-3288

E-MAIL ADDRESS: KDENNISON@CO.HUMBOLDT.CA.US

Obligee:

(Name)

CHRISTINE L. DAVIS

IV-D Case#: 0038752

This lien results from a child support order, entered on **05-23-1985** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF HUMBOLDT** in CA tribunal number **97FS0359**

As of **06-15-2005**, the obligor owes unpaid support in the amount of **\$26,808.97**

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:

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 This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.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.

JUNE 15, 2005

Date _____

Kristen Deamison

Authorized Agent

KRISTEN DENNISON

Print name, e-mail address, phone and fax number

TELEPHONE: (707) 441-3200

FAX: (707) 441-3288

E-MAIL ADDRESS: KDENNISON@CO.HUMBOLDT.CA.US

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

Notary State: CALIFORNIA

County: HUMBOLDT

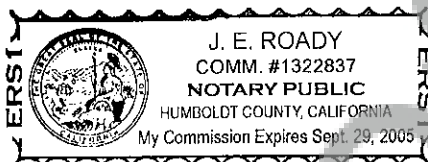
I certify that **KRISTEN DENNISON**
the individual who signed the above.

appeared before me and is known to me as

Date JUN 16 2005


Notary Public

My appointment expires 09-29-2005



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