Notice of Lien

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Date: 12/17/2007 02:07P
Filed by: COUNTY OF SONTO CLOSO

Filed by: COUNTY OF SANTA CLARA Filed & Recorded in Official Records

Doc# 2007168520

of SKAMANIA COUNTY SKAMANIA COUNTY AUDITOR J MICHAEL GARVISON Fee: \$43.88

TO:

(Name/Address of recorder or asset holder)

SKAMANIA COUNTY COUNTY AUDITOR PO BOX 790 STEVENSON, WA 98648-0790

Obligor:

(Name/Address/DOB/SSN)

EDWARD J. FREY,JR.
PO BOX 287
NORTH BONNEVILLE, WA 98639-0287

DOB:

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 2851 JUNCTION AVENUE SAN JOSE, CA 95134

TELEPHONE: (408) 503-5200 FAX: (408) 503-5319

E-MAIL ADDRESS: STHURBER@DCSS.SCCGOV.ORG

Obligee: (Name)

CATHERINE L. FARNHAM IV-D Case#: 0054679

This lien results from a child support order, entered on CALIFORNIA IN THE COUNTY OF SANTA CLARA in WAtribunal number 003001490

As of 08-29-2007, the obliger owes unpaid support in the amount of \$16,269.96. 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:

PARCEL #: 03081740020200; LOT 2 SHELLEY GLEN SUB BK B/PG 80 TITLE ELIMINATION BK 169/PG 857.

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

COUNTY OF SANTA CLARA JOHN VARTANIAN DEPARTMENT OF CHILD SUPPORT SERVICES 2851 JUNCTION AYENUE SAN JOSE, CA 95134

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (408) 503-5200 ATTORNEY FOR JUDGMENT CREDITOR X ASSIGNEE OF RECORD	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 99 NOTRE DAME AVENUE MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE : SAN JOSE, CA 95113 BRANCH NAME: SUPERIOR COURT	2,
PETITIONER/PLAINTIFF: CATHERINE FREY RESPONDENT/DEFENDANT: EDWARD FREY JR. OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: 003001490

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

AUGUST 29, 2007

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
	STACY THURBER
TI F/	Print name, e-mail address, phone and fax number
	TELEPHONE: (408) 503-5200
	FAX: (408) 503-5319
	E-MAIL ADDRESS: STHURBER@DCSS.SCCGOV.ORG
B. [] Submitted by an obligee or a pr	rivate (non-IV-D) attorney or entity on behalf of an
I am [] the obligee of the above reference [] an attorney or entity representing	
and that this lien is submitted in accordance	formation contained in this notice is true and accurate with the laws of the State of California. , including the pay-off amount, please contact the
·	
Date	Signature
	Print name, e-mail address, phone and fax

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Notary State: CALIFORNIA

County:

SANTA CLARA

I certify that

STACY THURBER

appeared before me and is known to me as

the individual who signed the above.

Date

AUG 3 1 2007

Notary Public

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