

Notice of Lien

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: [REDACTED]
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
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 _____ by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SANTA CLARA** in WAtribunal number **003001490**

As of **08-29-2007** , the obligor 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 AVENUE
SAN JOSE, CA 95134

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: COUNTY OF SANTA CLARA JOHN VARTANIAN DEPARTMENT OF CHILD SUPPORT SERVICES 2851 JUNCTION AVENUE SAN JOSE, CA 95134</p> <p>TELEPHONE NO.: (408) 503-5200</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>0054679 43SMT1</p> <p><i>FOR RECORDER'S USE ONLY</i></p>
<p>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</p>	
<p>PETITIONER/PLAINTIFF: CATHERINE FREY RESPONDENT/DEFENDANT: EDWARD FREY JR. OTHER PARENT:</p>	
<p>NOTICE OF LIEN</p>	<p>CASE NUMBER: 003001490</p>

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.

AUGUST 29, 2007

Date

Stacy Thurber

Authorized Agent

STACY THURBER

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 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

MC # 2007168520
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Notary State: CALIFORNIA

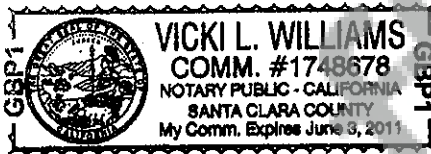
County: SANTA CLARA

I certify that **STACY THURBER** appeared before me and is known to me as
the individual who signed the above.

Date AUG 31 2007

Vicki L. Williams
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