

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

ROBERT T. OWEN
CHIEF ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
8040 DOE AVENUE
VISALIA, CA 93291

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: ROBERT T. OWEN CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES 8040 DOE AVENUE VISALIA, CA 93291		0105145 DAJEF1	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (559) 713-5700 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MOONEY BLVD. & BURREL AVENUE MAILING ADDRESS: CITY AND ZIP CODE : VISALIA, CA 93291 BRANCH NAME: TULARE COUNTY SUPERIOR COURT			
PETITIONER/PLAINTIFF: COUNTY OF KINGS RESPONDENT/DEFENDANT: PAUL E VERLEY OTHER PARENT: DEBORAH L VERLEY			
NOTICE OF LIEN		CASE NUMBER: 066427	

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 This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.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

APRIL 01, 2008

Date



Authorized Agent

JOY E. FOSTER

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

TELEPHONE: (559) 713-5700

FAX: (559) 730-2595

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 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: TULARE

I certify that **JOY E. FOSTER** appeared before me and is known to me as
the individual who signed the above.

Date 04-02-2008

VIRGINIA C. MONTEJANO
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

Notice of Lien

TO:

(Name/Address of recorder or asset holder)

**SHERIDAN COUNTY CLERK
224 S MAIN ST STE 82
SHERIDAN WY 82801**

Obligor:

(Name/Address/DOB/SSN)

PAUL VERLEY

DOB: 10-16-1968

SSN:

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
8040 DOE AVENUE
VISALIA, CA 93291**

TELEPHONE: (559) 713-5700

FAX: (559) 730-2595

E-MAIL ADDRESS:

Obligee:

(Name)

JAMES BRANDT

iV-D Case#: 0105145

This lien results from a child support order, entered on **06-12-1998** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF TULARE** in CA tribunal number **066427**

As of **04-01-2008**, the obligor owes unpaid support in the amount of **\$6,654.66**.

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:

ANY PROPERTY OWNED BY OR WILLED TO PAUL VERLEY.

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

DCSS 0318 (11/19/07)

Case Number: 0105145

State of California
County of TULARE

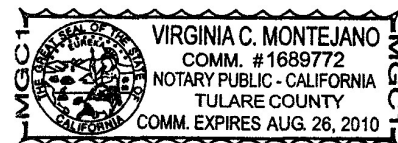
On 04-03-2008, before me, VIRGINIA C. MONTEJANO, a
Notary Public for the State of California, personally
appeared JOY E. FOSTER, who proved to me on the basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Virginia C. Montejano
VIRGINIA C. MONTEJANO

(Seal)



CASE : 0105145 COURT NO.: 066427

PAUL VERLEY



628 4/58

NO 613529 04:00 PM 06/25/2008
LIEN STATEMENT
AUDREY KOLTISKA, SHERIDAN COUNTY CLERK
FEE \$20.00 MD RETURN TO: COUNTY OF TULARE
DEPARTMENT OF CHILD SUPPORT 259 N MAIN ST PORT

613529 6/5