

F BK 13 PG 194

STATE MS.-DESOTO CO.  
FILED

MAR 9 4 19 PM '04

BK 13 PG 194  
W.E. DAVIS CH. CLK.

NOTICE OF LIEN

<sup>C</sup>  
CHANERY CLERK  
TO: W.E. DAVIS  
(Name/Address of recorder)  
2535 HWY 51 S., ROOM 5  
HERNANDO, MS. 38632

Obligor: SCOTT G. LACROSSE  
(Name/Address/DOB/SSN)  
10657 CORNELL DR  
OLIVE BRANCH, MS 38654

04/10/63 6515

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)  
RIVERSIDE COUNTY  
DEPARTMENT OF CHILD SUPPORT SERVICES  
2041 IOWA AVENUE  
RIVERSIDE, CA 92507

E-MAIL ADDRESS: [www.dcss.co.riverside.ca.us](http://www.dcss.co.riverside.ca.us)  
(909) 955 - 9894

Obligee: NICHELLE A. GIBBONEY  
(Name)

IV-D Case #: C 000357839

This lien results from a child support order, entered on 09/06/01 by SUPERIOR COURT  
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE tribunal number 357839DA1.

As of 01/01/96 to 11/30/03, the obligor owes unpaid support in the amount of  
\$ 13,652.29. 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 titled 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: 10657 CORNELL DR  
OLIVE BRANCH, MS. 38654

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 to contest or challenge this lien. This lien remains in effect until released by the obligee or in accordance with the laws of the State of filing.

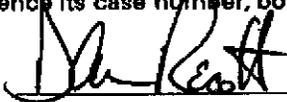
Note to Lien Recorder: Please provide the sender with a copy of the filed lien, containing the recording information, at the address provided above.

Check either "A" or "B" below:

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.

12/27/13  
Date

  
Authorized Agent

DAN RECOTTA  
E-MAIL ADDRESS: www.dcss.co.riverside.ca.us  
(909) 955-9894 - phone  
Print name, e-mail address, phone and fax number

B.  Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an obligee

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 \_\_\_\_\_  
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 number

\*\*\*\*\*

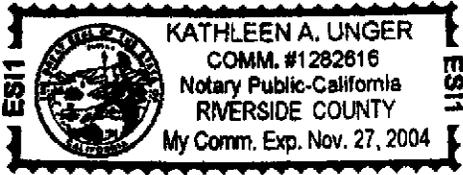
State of: California

County of: Riverside

I certify that DAN RECOTTA appeared before me and is known to me as the individual who signed the above.

Date: 12/24/03

  
Notary Public



My appointment expires 11-27-04

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: 03/31/2004.



COUNTY OF RIVERSIDE  
DEPARTMENT  
OF  
CHILD SUPPORT SERVICES

F BK 13 PG 197

JOHN REPLOGLE  
Director

2041 Iowa Avenue  
Riverside, CA 92507  
1370 South State Street, Ste. A  
San Jacinto, CA 92583  
47-940 Arabia Street  
Indio, CA 92201  
1287 West Hobsonway  
Blythe, CA 92225

12/16/03

CHANERY CLERK  
W.E. DAVIS  
2535 HWY 51 S., ROOM 5  
HERNANDO, MS. 38632

IN REPLY REFER TO:  
RIVERSIDE

C# 000357839

Member # 00449962

Re: SCOTT G. LACROSSE

SSN: 6515

To Whom It May Concern:

Enclosed is a Notice of Lien, which we request you record. Pursuant to Title IV, Part D of the Federal Social Security Act (42 U.S.C. 651 et seq.), authority is given to file a child support lien in any State, or U.S. Territory.

Pursuant to Government Code Section 6103.9, the Department of Child Support Services is exempt from fees for the recording of this document.

A self-addressed stamped envelope is enclosed so that you may return the recorded lien to us.

Thank you for your cooperation.

Very truly yours,

DAN RECOTTA  
Riverside County  
Department of Child Support Services