

8/10/11 9:27:15  
DK F BK 17 PG 749  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

RECORDING REQUESTED BY  
RIVERSIDE COUNTY DEPARTMENT  
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0606501

WHEN RECORDED MAIL TO  
RIVERSIDE COUNTY DEPARTMENT OF  
CHILD SUPPORT SERVICES  
1370 S STATE ST STE A  
SAN JACINTO CA 92583-4922  
NA

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: GLEN O. BRANDEL, SENIOR DEPUTY CHILD SUPPORT ATTORNEY RIVERSIDE COUNTY 1370 S STATE ST STE A 1370 S STATE ST STE A SAN JACINTO CA 92583-4922 0650620593-01 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (951) 791-2012 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b> STREET ADDRESS: 880 N STATE ST MAILING ADDRESS: 880 N STATE ST CITY AND ZIP CODE: HEMET 92543-1459 BRANCH NAME: HEMET COURT		
PETITIONER/PLANTIFF: COUNTY OF SAN DIEGO RESPONDENT/DEFENDANT: JASON TRAVIS SHACKELFORD OTHER PARENT:		
<b>NOTICE OF LIEN</b>		CASE NUMBER: 620593DCH

NOTICE OF LIEN

TO:  
DESOTO COUNTY  
CHANCERY CLERK, 2535 HWY 51 S., ROOM 5, HERNANDO MS 38632

Obligor:  
JASON T SHACKELFORD, 01/20/1974, 455-27-7678  
7543 ESSAYONS DR, SOUTHAVEN MS 38672-9427

FROM:  
RIVERSIDE COUNTY DCSS - SAN JACINTO BRANCH  
1370 S STATE ST STE A, SAN JACINTO CA 92583-4922  
(866) 901-3212, (951) 791-2012

Obligee:  
CHANDRA STEINER  
IV-D Case #: 0650620593-01

This lien results from a child support order, entered on 09/05/2006 by SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number 620593DCH.

As of 10/14/2010, the obligor owes unpaid support in the amount of \$2,865.67  
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.

10/14/2010  
Date

PREPARED BY:  
*Stephanie Forshaw*  
Authorized Agent

STEPHANIE M FORSHAW  
Print name, e-mail address, phone and fax number  
1370 S. STATE ST. STE A. SAN JACINTO, CA 92583

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

Notary State: ~~Riverside~~ <sup>Calif</sup> CALIFORNIA

County: Riverside

I certify that Stephanie M. Forshaw appeared before me and is known to me as the individual who signed the above.

Date: 10/14/2010

Lisa J. Raysinger a Notary Public  
Notary public

My appointment expires July 31, 2014

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: 02/28/2011

