

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

ROBERT J. DROSSEL #74336
DISTRICT ATTORNEY
FAMILY SUPPORT DIVISION
P.O. BOX 66
CRESCENT CITY, CA 95531-0066

Inst # 2000-14864
05/05/2000-14864
11:29 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 RMS 13.50

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF INTERSTATE LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: ROBERT J. DROSSEL #74336 DISTRICT ATTORNEY FAMILY SUPPORT DIVISION P.O. BOX 66 450 H STREET ROOM 209 CRESCENT CITY, CA 95531		TELEPHONE NO. (707) 464-7232 0046794 08NLT	FOR RECORDER'S USE ONLY
ATTORNEY PURSUANT TO WELF. & INST. CODE § 11475.1 & 11478.2 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD		COUNTY: 08	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE STREET ADDRESS: 450 H STREET MAILING ADDRESS: 450 H STREET CITY AND ZIP CODE: CRESCENT CITY, CA 95531 BRANCH NAME: SUPERIOR CRT OF CA. COUNTY OF DEL NORTE			CASE NUMBER: 00-9125
PETITIONER/PLAINTIFF: THE COUNTY OF DEL NORTE OBO COUNTY OF SAN DIEGO RESPONDENT/DEFENDANT: MICHAEL WAYNE ROBERTSON			

Lien notice mailed to _____
at address shown _____
(Government Code 27297.5)

7594/08NLT LAS04

Notice of Lien

TO:
JUDGE OF PROBATE
RECORDING DEPARTMENT
PO BOX 825
JUDGE OF PROBATE

OBLIGOR:
MICHAEL W. ROBERTSON
ALIASES:

FROM (Claimant):
FAMILY SUPPORT DIVISION
P.O. BOX 66
CRESCENT CITY, CA 95531-0066

DOB: 07-23-1960
SSN: [REDACTED]

TELEPHONE: (707) 464-7232
FAX: (707) 465-0126

OBLIGEE:
CONNIE L. ROBERTSON

Claimant's Case No.: 0046794

This lien results from a child support order, entered on 11-04-1997 by the
SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF DEL NORTE
docket number 00-9125. This order requires the above-named obligor to pay child support in
the amount of \$ 824.00 per month.

As of 04-18-2000, the obligor owes unpaid support in the amount of \$ 7963.77, and
this lien amount is subject to an interest rate of 10%.

Prospective amounts of child support, not paid when due, are judgments and accrue to the lien amount.
This lien attaches to all non-exempt real and personal property of the above-named obligor, which is located
or recorded within the state/county/other subdivision of the state of filing, including any property
specifically described below.

Specific description of property:

The priority and enforcement aspects of this lien 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 claimant or in
accordance with the laws of the state of filing.

For use by Lien Recorder

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

Check either "A" or "B":

A ☒ **Issued by a IV-D agency/office**

As an authorized agent of a state, or subdivision of a state, 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 (claimant) at the address provided above. Please reference its case number, also provided above.

APRIL 18, 2000

DATE

AUTHORIZED AGENT

B ☐ Issued by a private (non-IV-D) attorney

I am an attorney representing the above-named obligee. I certify that this lien is issued in accordance with the laws of the state of . For additional information regarding this lien, including the pay-off amount, please contact the undersigned (claimant) at the address provided above.

DATE _____

ATTORNEY FOR OBLIGEE

Inst # 2000-14864

05/05/2000-14864
11:29 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 HNS 13.50

STATE OF CALIFORNIA

COUNTY OF DEL NORTE

)
) ss.
)

I certify that **NONA L. THIEL**
me as the individual who signed the above.

appeared before me and is known to

4/18/00
DATE

FRAN VISSER

NOTARY PUBLIC



My appointment expires 6/20/03

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.