20041213000679470 Pg 1/4 .00 Shelby Cnty Judge of Probate, AL 12/13/2004 10:36:00 FILED/CERTIFIED

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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

SANDRA L. GRAVANO
CHIEF ATTORNEY
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 3199
MERCED, CA 95344

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): X Recording requested by and return to: SANDRA L. GRAVANO CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 3199 MERCED, CA 95344 TELEPHONE NO.: (209) 381-1300	0713172 24LRV	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 1901 G STREET MAILING ADDRESS: 1901 G STREET CITY AND ZIP CODE : MERCED, CA 95340 BRANCH NAME: MERCED COUNTY SUPERIOR COURT		
PETITIONER/PLAINTIFF: COUNTY OF TULARE, ETC. RESPONDENT/DEFENDANT: DAVID EARL JONES OTHER PARENT: FELICA PARSELS		
NOTICE OF LIEN		CASE NUMBER: 17091

7624/AUG 04 24LRV ENF05 ENF

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Notice of Lien

TO:

(Name/Address of recorder)

SHELBY COUNTY RECORDER RECORDING DEPARTMENT COURTHOUSE-MAIN STREET P.O. BOX 825 COLUMBIANA, AL AL 35051

Obligor:

(Name/Address/DOB/SSN)

DAVID E. JONES 145 COUNTY RD 969 MONTAVALLO, AL 35115

DOB: 01-13-1971

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 P.O. BOX 3199
MERCED, CA 95344

TELEPHONE: (209) 381-1300

FAX: (209) 722-0556

E-MAIL ADDRESS:

Obligee: (Name)

FELICIA PARSELS

IV-D Case#: 0713172

This lien results from a child support order, entered on 03-04-2004 by the SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF MERCED in CA tribunal number: 17091

As of 12-02-2004, the obligor owes unpaid support in the amount of \$203.00. 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:

ANY PROPERTY LISTED UNDER THE NAME DAVAID E. JONES

7624/24LRV ENF05 . ENF



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. [X] Submitted by a IV-D agency/office on behalf of the named

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.

DECEMBER 02, 2004	3/1/2da
Date	Authorized Agent
	LARRY R. VALENTI
	Print name, e-mail address, phone and fax number
	TELEPHONE: (209) 381-1300
	FAX: (209) 722-0556
	E-MAIL ADDRESS: ETE
and that this lien is submitted in accordar	ting the above named obligee information contained in this notice is true and accurate
Date	Signature
	Print name, e-mail address, phone and fax

STATE OF: CALIFORNIA

COUNTY OF: MERCED

I certify that

LARRY R. VALENTI

appeared before me and is known to me as

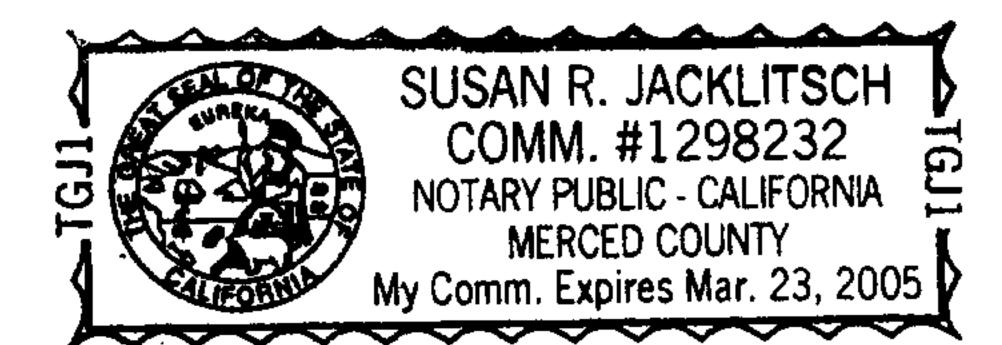
the individual who signed the above.

Date

12-9-2001

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: