

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): <input checked="" type="checkbox"/> Recording requested by and return to: SANDRA L. GRAVANO CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES P.O. BOX 3199 MERCED, CA 95344		0713172 24LRV	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (209) 381-1300 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
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

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: [REDACTED]

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 DAVOID E. JONES



STATE OF: CALIFORNIA

COUNTY OF: MERCED

I certify that **LARRY R. VALENTI**
the individual who signed the above.

appeared before me and is known to me as

Date

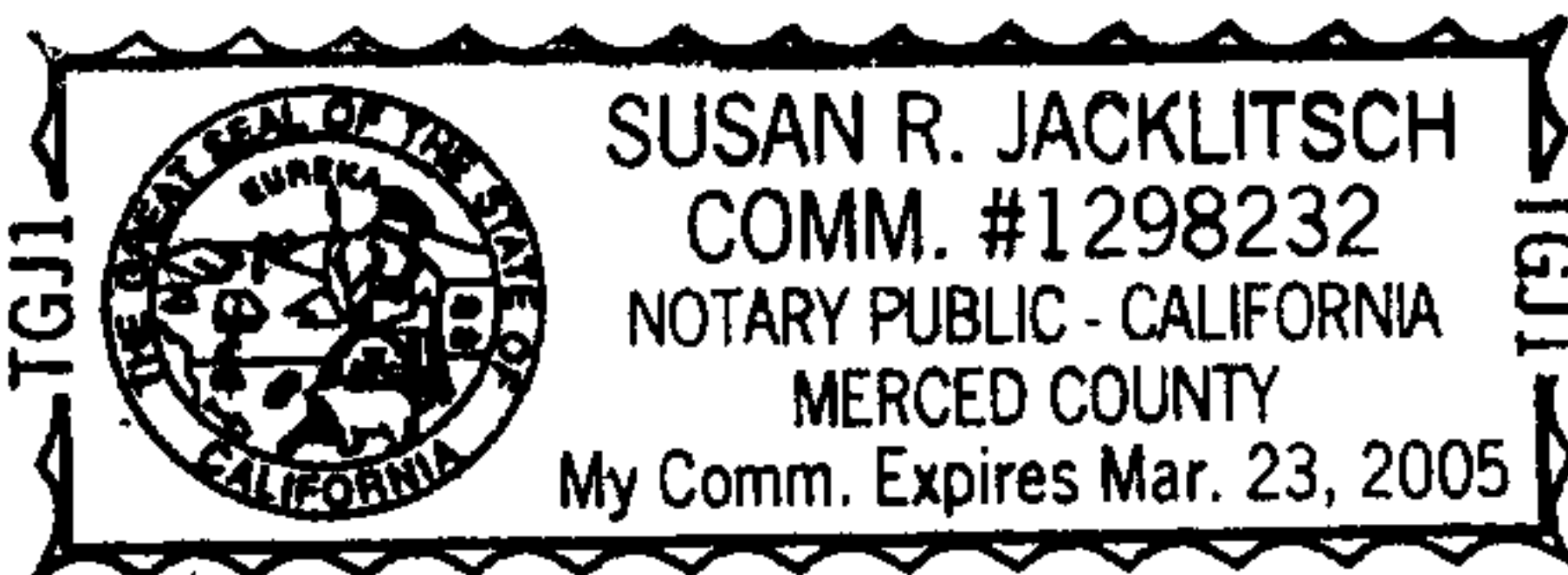
12-9-2004

SUSAN R. JACKLITSCH
Notary Public

[Signature]

My appointment expires

3-23-2005



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: . . .