

NOTICE OF LIEN

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

To: (Recorder or Asset Holder Name and Address)

SHELBY COUNTY PROBATE OFFICE
P.O. BOX 825, COLUMBIANA AL 35051

File Stamp

Obligor: Legal Name (first, middle, last, suffix) EARL FRISON

Alias Name(s)

Address

1922 2ND AVE S, BIRMINGHAM AL 35233-2002

Date of Birth

11/10/1965

Social Security Number



20250507000137000 1/3 \$28.00
Shelby Cnty Judge of Probate, AL
05/07/2025 10:03:09 AM FILED/CERT

From: (Agency or name of obligee and/or his or her private attorney or entity acting on behalf of the obligee, address, telephone, e-mail address, fax)

RIVERSIDE COUNTY DCSS - MAIN OFFICE
2041 IOWA AVE, RIVERSIDE CA 92507-2414
(866) 901-3212 (951) 955-9193

Obligee Name(s): IOLA NAOMI CHERIE BURNEY

Section I. Case Identifier:

1.	IV-D Case Number or Non-IV-D Docket Number:	200000001441829
	Remittance ID or other payment identifier (optional):	300000004023790
2.	IV-D Case Number or Non-IV-D Docket Number:	
	Remittance ID or other payment identifier (optional):	
3.	IV-D Case Number or Non-IV-D Docket Number:	
	Remittance ID or other payment identifier (optional):	

Section II. Lien Notice:

This lien results, by operation of law, from a child support order, entered on 12/29/2014 by _____
Date

SUPERIOR COURT OF CALIFORNIA in RIVERSIDE tribunal number HEK1400643
Issuing Tribunal (name) Location (state/county) Support order

As of 04/10/2025, the obligor owes unpaid support in the amount of \$ 482.71
Date Lien amount

This judgment may be subject to interest, penalties, fees, surcharge, or other related amounts. (See Section 466(a)(4) of the Social Security Act regarding Full Faith and Credit.)

Prospective amounts of child support, not paid when due, are judgments that are added to the lien amount. Contact the child support agency or the obligee and/or his or her private attorney or entity acting on behalf of the obligee according to the contact information located in the heading to obtain the current lien amount.

This lien attaches to all nonexempt: real property or personal property or real and personal property of the above-named obligor, which is located or existing within the state/county where it may be filed, if required under state law. This includes any property specifically described on the next page.

Barcode



The Paperwork Reduction Act of 1995 (Pub. L. 104-13): STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization in the transmission of interstate liens. Public reporting burden for this collection of information is estimated to average .50 hours per form, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required for interstate cases (section 454(9)(E) of the Social Security Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0152 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact OCSE by email at OCSE.DPT@acf.hhs.gov.

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Section III. Property Description:



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[] Continued on attached sheet(s), incorporated by reference

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 issuer 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.

Section IV. Remit Payment:

To remit payment, include the case ID, docket number, remittance ID or other payment identifier with the payment and, if necessary, use this locator code: 300000004023790.

Remit payment to: CALIFORNIA STATE DISBURSEMENT UNIT

SDU [] Obligee [] Obligee representative

At this address: PO BOX 989067, WEST SACRAMENTO CA 95798-9067

Section V. Submission Entity:

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 agency (or subdivision of such) responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Social Security Act (section 451 et seq.), I have authority to file this child support lien in any state. For additional information regarding this lien, including the pay-off amount, please contact the authorized agency listed in the heading and reference its case number, listed in Section I.

04/10/2025
Date

Authorized agent signature

JOSIE GORDILLO
Authorized agent printed name

JGORDILL@RIVCO.ORG
E-mail

(951) 955-1811
Direct telephone number

(951) 955-9193
Fax

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

DCSS 0318 (1201/14)

CSE Case Number: 200000001441829

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



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State of California

County of RIVERSIDE

On 04/10/2025 before me, Kellyann M. Chagolla Notary Public,
personally appeared Josie Gordillo, who proved to me

on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Kellyann M. Chagolla* (Seal)
Notary Public

