MICHELLE "MICKI" UTSLER, COUNTY RECORDER
MADISON IOWA

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Date 6/30/2005 Time 3:15 PM
Rec Amt $27.00

# DEPARTMENT OF CHILD SUPPORT SERVICES

## County of Venutra, State of California

COMPUTER ✓
RECORDED ✓
COMPARED

**C.STANLEY TROM**
Director
**DEBORAH D. FRAHM**
Assistant Director

March 26, 2005

To: MADISON COUNTY CTHSE
BOX 152
WINTERSET, IA 50273

Re: JASON D WILLCOX
Case Number: 061110000054950

Please make a record of the attached Notice of Lien. Mail the recorded document to this office at the following address:

VENTURA COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS)
4651 TELEPHONE RD., STE 101
VENTURA, CA 93003

Recordation should be made pursuant to 42 U.S.C. 652 (a) (11); 42 U.S.C.654 (9) (e); 42 U.S.C. 666 (a) (4).

[x ] Payment for fee is enclosed.

Thank you for your cooperation.

Sincerely,

CHARLES S. TROM
DIRECTOR

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

C. STANLEY TROM

DEPARTMENT OF CHILD SUPPORT SERVICES
4651 TELEPHONE ROAD
SUITE 101
VENTURA, CA 93003

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

# NOTICE OF LIEN

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):* 0054950 56DOB<br>[X] Recording requested by and return to:<br>C. STANLEY TROM<br>DEPARTMENT OF CHILD SUPPORT SERVICES<br>4651 TELEPHONE ROAD<br>SUITE 101 VENTURA, CA 93003<br>TELEPHONE NO.: (805) 654-5200<br>[ ] ATTORNEY FOR [ ] JUDGMENT CREDITOR [X] ASSIGNEE OF RECORD | *FOR RECORDER'S USE ONLY* |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA<br>STREET ADDRESS: 800 S. VICTORIA AVENUE<br>MAILING ADDRESS: 800 S. VICTORIA AVENUE<br>CITY AND ZIP CODE: VENTURA, CA 93009-2130<br>BRANCH NAME: VENTURA COUNTY SUPERIOR COURT | |
| PETITIONER/PLAINTIFF: KIMBERLY MARIE MEAD<br>RESPONDENT/DEFENDANT: JASON DEAN WILLCOX<br>OTHER PARENT: | |
| **NOTICE OF LIEN** | CASE NUMBER:<br>D299932 |

# Notice of Lien

TO:
(Name/Address of recorder or asset holder)

**MADISON COUNTY**
**CTHSE - BOX 152**

**WINTERSET, IA 50273**

Obligor:
(Name/Address/DOB/SSN)

**JASON D. WILLCOX**
**201 W HUTCHINGS**
**WINTERSET, IA 50273**

DOB: **03-13-1983**
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**
**4651 TELEPHONE ROAD**
**SUITE 101** **VENTURA, CA 93003**

TELEPHONE: **(805) 654-5200** FAX: **(805) 658-4179**
E-MAIL ADDRESS:

Obligee:
(Name)

**KIMBERLY M. MEAD**

IV-D Case#: **0054950**

This lien results from a child support order, entered on **11-03-2003** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF VENTURA** **in CA** tribunal number **D299932**

As of **06-06-2005** , the obligor owes unpaid support in the amount of $ **$2238.04** .
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. [ X ] 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.

JUN 0 7 2005

Date

Authorized Agent

**DULCE BEST**

Print name, e-mail address, phone and fax number

TELEPHONE: **(805) 654-5200**

FAX: **(805) 658-4179**

E-MAIL ADDRESS:

B. [ ] Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an

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 California.
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

Notary State: CALIFORNIA

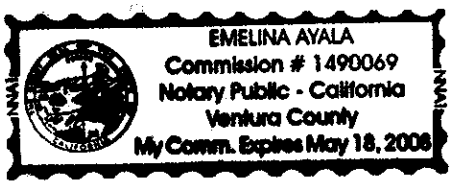
County: **VENTURA**

I certify that **DULCE BEST** appeared before me and is known to me as the individual who signed the above.

Date 6-7-05

Emelina Ayala
Notary Public

My appointment expires May 18, 2008




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: 01/31/2008