



200912280014
Skagit County Auditor

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Document Title:

NOTICE OF LIEN

Reference Number: 200807140243

Grantor(s):

additional grantor names on page ____.

1. MARK CONLEY

2.

Grantee(s):

additional grantee names on page ____.

1. JESSIE CONLEY

2.

Abbreviated legal description:

full legal on page(s) 1.

PTN SE 1/4 OF SE 1/4, 31-34-3 E W.M

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

340331-4-004-0008, P23002

RECORDING REQUESTED BY
BUTTE COUNTY DEPARTMENT
OF CHILD SUPPORT SERVICES

COUNTY CODE: 0600700

WHEN RECORDED MAIL TO
BUTTE COUNTY DEPARTMENT OF CHILD
SUPPORT SERVICES
1474 MYERS ST
OROVILLE CA 95965-4930

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DOCUMENT TITLE

NOTICE OF LIEN

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: SHARON A. STONE, DIRECTOR BUTTE COUNTY 1474 MYERS ST 1474 MYERS ST OROVILLE CA 95965-4930 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (530) 538-6500 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY 0070010191-01
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS: 1 COURT ST MAILING ADDRESS: 1 COURT ST CITY AND ZIP CODE: OROVILLE 95965-3303 BRANCH NAME: BUTTE COUNTY COURTHOUSE	
PETITIONER/PLANTIFF: MARK T CONELY RESPONDENT/DEFENDANT: LISA G CREAMER OTHER PARENT:	
NOTICE OF LIEN	CASE NUMBER: FL006028

COUNTY RECORDER TRANSMITTAL
DCSS 0635 (08/20/08)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES
HMONG



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NOTICE OF LIEN

TO:

Skagit County Auditor
PO Box 1306 Administration Bld, Rm 201, 700 S. Second St, Mount Vernon WA 98273

Obligor:

MARK T CONLEY, 02/02/1958, 568-19-9980
12679 DODGE VALLEY RD, MOUNT VERNON WA 98273-7187

FROM:

DEPARTMENT OF CHILD SUPPORT SERVICES BUTTE COUNTY
1474 MYERS ST, OROVILLE CA 95965-4930
(866) 901-3212, (530) 538-6500

Obligee:

LISA G CREAMER
IV-D Case #: 0070010191-01

This lien results from a child support order, entered on 05/10/1994 by SUPERIOR COURT OF CALIFORNIA in BUTTE tribunal number FL006028.

As of 12/11/2009, the obligor owes unpaid support in the amount of \$ 1,229.14
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:

TAX PARCEL NUMBER(S): 340331-4-004-0008, P23002

DK 9: DR 22: THAT PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER THEREOF; THENCE EAST 168.50 FEET; THENCE SOUTH 194 FEET; THENCE WEST 168.50 FEET TO THE WEST LINE OF SAID SUBDIVISION; THENCE NORTH 194 FEET TO THE POINT OF BEGINNING, EXCEPT THAT PORTION THEREOF LYING WITHIN THE RIGHT OF WAY CONVEYED TO SKAGIT COUNTY BY AUTIOR'S FILE NO. 457308 AND COMMONLY KNOWN AS THE DODGE VALLEY ROAD, ALSO EXCEPT DRAINAGE DITCH RIGHTS OF WAY, IF ANY.



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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.

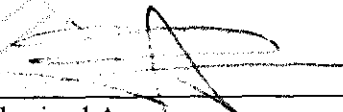
Note to Lien Recorder: Please provide the sender with a copy of the filed lien, containing the recording information, at the address provided above.

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. 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.

12/14/07
Date


Authorized Agent

JOSE A. SANTANA
Print name, e-mail address, phone and fax number

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

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 _____.
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 number



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Notary State: California

County: Butte

I certify that Jose A. Santana appeared before me and is known to me as the individual who signed the above.

Date: 12/14/09

Gerardia Kassen
Notary public

My appointment expires 6/14/13

See attached acknowledgment

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: 02/28/2011



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ACKNOWLEDGMENT

State of California

County of Butte

On 12/14/09 before me, Elsa Diaz Larsen, Notary Public,
personally appeared JOSE A SANTANA

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 Elsa Diaz Larsen



(Seal)



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Description of attached document: NOTICE OF LIEN
Document date: 12/14/09 Number of pages: 4
Signer(s) other than named above: N/A
Capacity(ies) of Principal Signer(s): Child Support Attorney