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Notice of Lien

TO:

(Name/Address of recorder or asset holder)

COOK COUNTY RECORDER OF DEED 118 N CLARK ST RM 120

CHICAGO, IL 60602

Obligor:

(Name/Address/DOB/SSN)

CHRISTOPHER G. BARRIENTOS 1241 HOME A /E APT 1

BERWYN, IL 60402-4817

UNITED STATES

DOB: 12-22-1971

SSN: 543-90-3312

FROM:

(IV-D Agency or name of oblige: 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 **8040 DOE AVENUE** VISALIA, CA 93291

TELEPHONE: (559) 713-5700

FAX: (559) 720 2595

Clores

E-MAIL ADDRESS:

Obligee: (Name)

JENNIFER L. SMITH

IV-D Case#: 0027090

This lien results from a child support order, entered on 09-19-1997 by the SUFFRIOR COURT OF CALIFORNIA IN THE COUNTY OF TULARE in CA tribunal number 93759014

As of 04-27-2005, the obligor owes unpaid support in the amount of \$\$32,073.12 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:

REAL-ESTATE PROPERTY

7624/FEB 05 DAJOD ENF001.



Doc#: 0604812059 Fee: \$30.50

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 02/17/2006 02:21 PM Pg: 1 of 4

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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

JEFF WASS CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPORT \$ERVICES 8040 DOE AVENUE VISALIA, CA 93291

NOTICE OF LIEN

	SPACE ABOVE T	HIS LINE RESERVED I	FOR RECORDER'S USE
DON'T	TITLE(S	1	
0)	NOTICE O	F LIEN	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Nam. X) Recording requested by and return to: JEFF WASS CHIEF ATTORNEY DEPARTMENT OF CHILD SUPPOR 8040 DOE AVENUE VISALIA, CA 93291 TELEPHONE NO.: (559) 713 5700 ATTORNEY FOR JUDGMENT CRED	TT SERVICES	0027090 DAJOD	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE STREET ADDRESS: MOONEY BLVD. & BURREL AVENUE MAILING ADDRESS: MOONEY BLVD. & BURREL AVENUE CITY AND ZIP CODE: VISALIA, CA 93291 BRANCH NAME: TULARE COUNTY SUPERIOR COURT PETITIONER/PLAINTIFF: THE COUNTY OF TULARE, ETC.			
OTHER PARENT:	PHER G. BARRIENTOS CE OF LIEN		CASE NUM 3ER: 93159/14

7624/FEB 05

DAJOD ENFO01



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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

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.

[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

Social Security A.t. (42 U.S.C. 651 et seq.), I have State, or U.S. Territory. For additional information please contact the authorized agency and references.	rogram set forth in Title IV, Part D, of the Federa regram set forth in Title IV, Part D, of the Federa re authority to file this child support lien in any n regarding this lien, including the pay-off amounce its case number, both listed above.
May 3, 2005 (Juante Deen
AV	Porized Agent
Su.	MITA DOERR
	t name, e-mail address, phone and fax number
TEL	EPHONE: (559) 713-5700
FAX	: (559) 730-2505
E-M ₂	AIL ADDRESS
B. [] Submitted by an obligee or a private (no	0.
I am [] the obligee of the above referenced order [] an attorney or entity representing the abo	
I certify under penalty of perjury that the information and that this lien is submitted in accordance with the For additional information regarding this lien, including obligee listed above.	.0
Date	
S	ignature
	int name, e-mail address, phone and fax
	, provide and lax

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Notary State: <u>CALIFORNIA</u> County: **TULARE** I certify that JUANITA DOERR the individual who signed the above. appeared before me and is known to me as Notary My appointment expires. LIZ LUJAN

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 his burden, please provide comment to Irde.

OMB Control#: 0970-0153 Expiration Date: 01/31/2008

7624/FEB 05 DAJOD ENF001.