

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO

DISTRICT ATTORNEY EXEMPT FROM PAYMENT OF FEES PURSUANT TO GOVERNMENT CODE SECTION 6133.9

DAFSD NO: 52240-A-44

BARRY T. LA BARRERA, #48145 TEL: (805) 781-5734 FOR COURT USE ONLY
DISTRICT ATTORNEY FAX: (805) 781-5156
COUNTY OF SAN LUIS OBISPO
FAMILY SUPPORT DIVISION
1201 PALM ST., P.O. BOX 841
SAN LUIS OBISPO, CA 93406-0841

() ATTORNEY FOR (X) JUDGMENT CREDITOR
() ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO
COUNTY GOVERNMENT CENTER
SAN LUIS OBISPO, CA 93408

COUNTY OF SAN LUIS OBISPO
PLAINTIFF

VS

BETTY PRESNELL-FENNEL
DEFENDANT

ABSTRACT OF SUPPORT JUDGMENT CASE NUMBER: FS 10163

1. THE (X) JUDGMENT CREDITOR () ASSIGNEE OF RECORD APPLIES FOR AN ABSTRACT OF A SUPPORT JUDGMENT AND REPRESENTS THE FOLLOWING:
 - A. JUDGMENT DEBTOR'S NAME AND LAST KNOWN ADDRESS
BETTY FENNEL
RT. 1 BOX 572
BONANZA OR 97623
 - B. DRIVER'S LICENSE NO. AND STATE:
 - C. SOCIAL SECURITY NUMBER: 569-13-0936 () UNKNOWN
 - D. BIRTHDATE: 07-15-55 () UNKNOWN

DATE: OCT 12 1994
PHIL LOWE


(SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY THAT THE JUDGMENT ENTERED IN THIS ACTION CONTAINS AN ORDER FOR PAYMENT OF SPOUSAL FAMILY, OR CHILD SUPPORT.
3. JUDGMENT CREDITOR (NAME): DISTRICT ATTORNEY FAMILY SUPPORT WHOSE ADDRESS APPEARS ON THIS FORM ABOVE THE COURT'S NAME.
4. (X) THE SUPPORT IS TO BE PAID TO THE FOLLOWING COUNTY OFFICER (NAME AND ADDRESS):
- DA FAMILY SUPPORT DIVISION
1201 PALM ST., P.O. BOX 841
SAN LUIS OBISPO, CA 93405
5. JUDGMENT DEBTOR (FULL NAME AS IT APPEARS IN JUDGMENT): BETTY FENNEL
6. A. A JUDGMENT WAS ENTERED ON (DATE): 05-21-93
B. RENEWAL WAS ENTERED ON (DATE):
C. RENEWAL WAS ENTERED ON (DATE):
7. () AN EXECUTION LIEN ENDORSED ON THE JUDGMENT AS FOLLOWS:
A. AMOUNT: \$
B. IN FAVOR OF (NAME AND ADDRESS):
8. A STAY OF ENFORCEMENT HAS
A. (X) NOT BEEN ORDERED BY THE COURT.
B. () BEEN ORDERED BY THE COURT EFFECTIVE UNTIL (DATE):
9. (X) THIS IS AN INSTALLMENT JUDGMENT.

(SEAL)



DATE: OCT 18 1994

LARRY D. REINER, EXECUTIVE OFFICER

CLERK, BY *Karen J. [Signature]* DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ District Attorney _____ the _____ 23rd _____ day
of _____ Nov _____ A.D., 19 94 at 10:57 o'clock _____ A.M., and duly recorded in Vol. _____ M94
of _____ Co. Lien Docket _____ on Page 35938

FEE \$10.00

Evelyn Biehn County Clerk

By *[Signature]*