

OMB Control #:

1979 JUL -2 AM 11: 52 NOTICE OF LIEN

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TO: KLAMATH COUNTY CLERK'S OFFICE
305 MAIN STREET
KLAMATH FALLS, OR 97601

Obligor: HOWARD C. MCCOY

(Name/dob/ssn) 02-20-40
545-52-7936

Obligee: VIRGINIA L. GOMEZ
(name)

✓ From: FAMILY SUPPORT DIVISION
(Claimant) P O BOX 1289
HANFORD, CA 93232

Claimant's Case #: 0001638

This Lien results from a child support order, entered on 07-23-79 , by Superior Court in Kings County, California, docket number 31875 . This order requires the above-named obligor to pay child support in the amount of \$ 300.00 per month.

As of 05-31-99, the obligor owes unpaid support in the amount of \$16136.37 , and this lien amount is subject to an interest rate of 10%.

Prospective amounts of child support, not paid when due, are judgements and accrue to the lien amount. This lien attaches to all non-exempt real and personal property of the above-named obligor which is located or recorded within the state/county/other subdivision of the state of filing, including any property specifically described below.

Specific description of property:

The priority and enforcement aspects of this lien 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 to contest or challenge this lien. This lien remains in effect until released by the claimant or in accordance with the laws of the state of filing.

For use by Lien Recorder

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

26542

Check either "A" or "B"

A ☒ Issued by a IV-D agency/office

As an authorized agent of a state, or subdivision of a state, 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 (claimant) at the address provided above. Please reference the case number, also provided above.

JUN 25 1999

Date

Authorized Agent

TERESA A. MERZOIAN

B ☐ Issued by a private (non-IV-D) attorney

I am an attorney representing the above-named obligee. I certify that this lien is issued in accordance with the laws of the state of
For additional information regarding this lien, including the pay-off amount, please contact the undersigned (claimant) at the address provided above.

Date

Attorney for Oblige

State of California)
) ss.
County of Kings)

I certify that TERESA A. MERZOIAN
individual who signed the above.

Date: JUN 25 1999

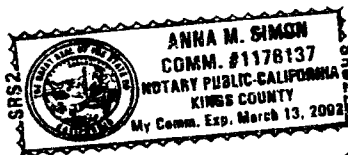
Notary Public

ANNA M. SIMON

My appointment expires 3-13-02

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.

State of Oregon, County of Klamath
Recorded 7/02/99, at 11:22 a. m.
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Linda Smith,
County Clerk Fee \$ 10 KR



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