

Notice of Lien

TO: Klamath County Courthouse
316 Main St.
Klamath Falls, OR 97601

Obligor: MELEISA ANN YOUNG
(Name/dob/ssn) SS#: 530-90-1919
DOB: 2/15/65

FROM: Tehama County District Attorney
(Claimant) Family Support Division
940 Diamond Avenue
Red Bluff, CA 96080
Phone (530)527-3110 Fax (530)527-5130

Obligee: PAUL HUNT
(Name)

Claimant's Case #: 98-0871

This lien results from a child support order, entered on March 9, 2000
by State of California in Tehama County
docket number 46255. This order requires the above-named obligor
to pay child support in the amount of \$ 250.00 per month

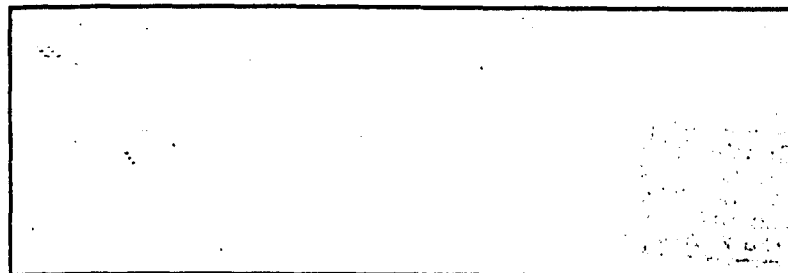
As of April 2000, the obligor owes unpaid support in the amount of
\$ 4500.00, and this lien amount is subject to an interest rate of 10%

Prospective amounts of child support, not paid when due, are judgments 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:
PERSONAL LIEN:

505 N. 9th #2
Klamath Falls, OR 97601

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 the claimant with a copy of the filed lien, containing
the recording information, at the address provided above.

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, 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.

4/4/2000
Date



Authorized Agent
MICHELLE REEL PROCTOR, Deputy District Atty

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.

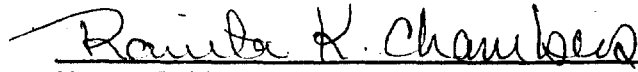
Date

Attorney for Obligee

State of California)
)ss.
County of Tehama)

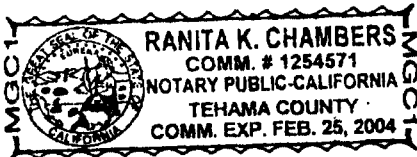
I certify that Michelle Reel Proctor appeared before me and is known to me as the individual who signed the above.

Date: 4/6/00



Notary Public

My appointment expires 2/25/04



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.

WHEN RECORDED RETURN TO
Tehama County District Attorney
Family Support Division
940 Diamond Avenue
Red Bluff, CA. 96080
98-0871 Meleisa Ann Young

THE AREA ABOVE IS RESERVED FOR RECORDER'S USE

JUDGMENT REGARDING PARENTAL OBLIGATIONS

DOCUMENT TITLE(S)

<p>GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11478.1, 11478.2):</p> <p>GREGG COHEN Tehama County District Attorney Family Support Division 940 Diamond Ave. Red Bluff, CA 96080 TELEPHONE NO.: (530) 527-3110 FAX NO.: fill</p> <p>ATTORNEY FOR (Name):</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TEHAMA</p> <p>STREET ADDRESS: 633 Washington St. MAILING ADDRESS: P.O. Box 310 CITY AND ZIP CODE: Red Bluff, CA 96080 BRANCH NAME:</p> <p>PETITIONER/PLAINTIFF: THE COUNTY OF TEHAMA</p> <p>RESPONDENT/DEFENDANT: MELEISA ANN YOUNG</p> <p>OTHER PARENT: PAUL HUNT</p> <p>JUDGMENT REGARDING PARENTAL OBLIGATIONS</p> <p><input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL</p>	<p><small>FOR COURT USE ONLY</small></p> <p>ENDORSED</p> <p>FILED</p> <p>SUPERIOR COURT OF CALIFORNIA AND ENTERED</p> <p>MAR 9 2000</p> <p>COUNTY OF TEHAMA, CIVIL DIVISION IRENE RODRIGUEZ, CLERK OF THE COURT BY VIRGINIA COMFORT, DEPUTY</p> <p>CASE NUMBER: 4 6 2 5 5</p>
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1. a. ☐ **NOTICE: THIS IS A PROPOSED JUDGMENT.** This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer (form 1299.04) with the court clerk within 30 days of the date you were served with the Summons and Complaint (form 1299.01). If you need an answer form, you may get one from the district attorney's office, the court clerk, or the Family Law Facilitator. The Family Law Facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. ☒ **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **THIS MATTER PROCEEDED AS FOLLOWS:**
- a. ☒ Judgment entered pursuant to Welfare and Institutions Code section 11355.
- b. ☐ By court hearing, appearances as follows:
- | | | |
|---|---|-------------------|
| (1) Date: | Dept.: | Judicial officer: |
| (2) <input type="checkbox"/> Petitioner/Plaintiff present | <input type="checkbox"/> Attorney present (name): | |
| (3) <input type="checkbox"/> Respondent/Defendant present | <input type="checkbox"/> Attorney present (name): | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name): | |
| (5) District attorney (Welf. & Inst. Code, §§ 11475.1, 11478.2) (name): | | |
| (6) <input type="checkbox"/> Other (specify): | | |
- c. The Obligor (the parent ordered to pay support) is ☐ Petitioner/Plaintiff ☒ Respondent/Defendant ☐ Other parent
3. ☐ This order is based on presumed income for the Obligor under Welfare and Institutions Code section 11475.1(c).
4. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.
5. ☒ This order is based on the attached documents (specify): DissoMaster Calculation
6. **THE COURT ORDERS**
- a. The mother and father listed in the complaint are the parents of the children named in Item 6b.
- b. Obligor shall pay current child support as follows:
- | Name | Date of birth | Monthly support amount |
|-------------|---------------|------------------------|
| April Hunt | 8/29/84 | \$ 92.00 |
| Joshua Hunt | 10/1/85 | \$158.00 |
- (1) ☐ Other (specify):
- (2) ☒ For a total of: \$ 250.00 payable on the: 1st day of each month beginning (date): 8/1/99

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

(Continued on reverse)

PETITIONER/PLAINTIFF: THE COUNTY OF TEHAMA RESPONDENT/DEFENDANT: MELEISA ANN YOUNG OTHER PARENT: PAUL HUNT	CASE NUMBER: 4 6 2 5 5
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6. b. (3) ☐ The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

- c. ☒ Obligor shall pay child support for the past periods and in the amounts set forth below:

Name	Date of birth	Period of support	Amount
April Hunt	8/29/84	11/2/98-7/31/99	\$1,422.00
Joshua Hunt	10/1/85	11/2/98-7/31/99	\$ 828.00

(1) ☐ Other (specify):

(2) ☒ For a total of: \$2,250.00 ~~payable~~ ~~in~~ ~~the~~ ~~form~~ ~~of~~ ~~an~~ ~~installment~~ ~~plan~~ ~~beginning~~ ~~on~~ ~~the~~ ~~date~~ ~~of~~ ~~the~~ ~~judgment~~

(3) ☒ Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

- d. If this is a judgment on a Supplemental Complaint, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.
- e. No provision of this judgment shall operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- f. All payments shall be made to (name and address of agency): Tehama County District Attorney
Family Support Division
940 Diamond Avenue
Red Bluff, CA 96080
FSD #98-0871
- g. A Wage and Earnings Assignment Order shall issue.
- h. ☒ Obligor ☐ Obligee shall (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and shall keep the district attorney's office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the district attorney's request, complete and return a health insurance form; (4) provide to the district attorney all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment shall issue.
- i. Both parents shall complete a Child Support Case Registry Form (form 1285.92) and send (deliver or mail) it to the district attorney within 10 days of the date of this judgment. The parents shall notify the district attorney of any change in the information submitted within 10 days of the change by submitting an updated form.
- j. The forms Notice of Rights and Responsibilities (form 1285.78) and Information Sheet on Changing a Child Support Order (form 1285.79) are attached.
- k. ☒ The following person (the "Other Parent") is added as a party to this action under Welfare and Institutions Code section 11350.1 (name): Paul Hunt
- l. ☐ Obligor shall pay costs of: \$
- ☐ The court further orders (specify):

MAR 09 2000

Date:

7. Number of pages attached: _____

PETER BILLIOU TWEDE
COMMISSIONER

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order:
Date:

(SIGNATURE OF ATTORNEY FOR OBLIGOR)

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CHILDREN:	FATHER	MOTHER	EXPENSES:	FATHER	MOTHER
Number of children of this relationship	2	0	IRA, Keogh, adjustments	0	0
% time with NCP	0 %	0 %	SS paid previous marriage	0	0
# of hardship children	0	0	CS paid previous marriage	0	0
IRS FORM 1040:			Health insurance	0	0
Filing status	HH/MLA	SINGLE	Union dues	0	0
# of federal exemptions	3 *	1 *	Other tax-deductible expenses	0	0
INCOME:			Mandatory retirement	0	0
Wages+salary+bonus	0	875	Hardship deduction	0 *	0 *
Self-employment income	0	0	Necessary job-related expenses	0	0
Other taxable income	0	0	Other guideline deductions	0	0
AFDC+CS received	0	0	Child care (these children)	0	0
Other nontaxable income	0	0	Visits+school+travel+health	0	0
New spouse income	0	0	Child care (other children)	0	0

Settings changed

Input:	MONTHLY	SUPPORT:	Low income CS range:	229-301
Year:	1999	Child support:	301	Mother pays Father
Child formula:	Guideline CS	Spousal support:	0	
Spousal formula:	User SS	Child care payment:	0	
		Total support payment:	301	Mother pays Father

Findings and Rebuttals - Monthly figures for 1999

Taxes	FATHER	MOTHER
Federal income tax	0	43
FICA	0	67
Self-employment tax	0	0
State income tax	0	0
State disability insurance	0	4

Other deductions

Union dues	0	0
Mandatory retirement	0	0
Health insurance	0	0
CS+SS paid other relationships	0	0
Hardship	0	0
Other guideline deductions	0	0

Totals

Total taxes	0	114
Total deductions	0	0
Total taxes + other deductions	0	114

Findings and Rebuttals - Monthly figures for 1999

Income

	FATHER	MOTHER
Gross income	0	875
Net disposable income	0	761
Filing status	HH/MLA	SINGLE
Number of exemptions	3	1
Total deductions	0	114
New spouse/Significant other income	0	0

Amount allocated for support of c

Husband	0
Wife	301
Total	301

Time Share

	FATHER	MOTHER
Average for all children	100 %	0 %
Per child:		
JOSHUA	100 %	0 %
APRIL	100 %	0 %

Total presumed child support

301	Mother pays Father
Per child:	
158	188 Mother pays Father 63%
92	113 Mother pays Father 37%

State of Oregon, County of Klamath
 Recorded 05/05/00, at 9:35 a.m.
 In Vol. M00 Page 16241
Linda Smith,
 County Clerk Fee\$ 5.00