

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: LISA M. GARRETT, Chief Attorney CHILD SUPPORT SERVICES DEPARTMENT 2934 E. GARVEY AVE. SOUTH, STE#100 WEST COVINA CA 91791-2180 002.4847.689 TELEPHONE NO.: (800 615-8858 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY RECORDED/FILED IN OFFICIAL RECORDS RECORDER'S OFFICE LOS ANGELES COUNTY CALIFORNIA 20072428960 2007-10-26T08:22:37 \$0.00
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 600 S. COMMONWEALTH MAILING ADDRESS: 600 S. COMMONWEALTH CITY AND ZIP CODE: LOS ANGELES CA 90005-0000 BRANCH NAME: CENTRAL CIVIL WEST	
PETITIONER/PLAINTIFF: [REDACTED] RESPONDENT/DEFENDANT: [REDACTED]	

ABSTRACT OF SUPPORT JUDGMENT	CASE NUMBER: KD0069680
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1. The 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 [REDACTED] SEAL BEACH CA 90740-3119 [REDACTED] 0405003988:00002	b. Driver's license No. and state: [REDACTED] CA c. Social Security number: [REDACTED] d. Birthdate: [REDACTED]
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b. Driver's license No. and state: [REDACTED] **CA** unknown
 c. Social Security number: [REDACTED] unknown
 d. Birthdate: [REDACTED] unknown

Date: _____

LISA M. GARRETT

 (TYPE OR PRINT NAME)

FOR COURT USE ONLY

(This document is a notice under Family Code Section 4506. Court stamp not required.)

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

LISA M. GARRETT _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF APPLICANT OR ATTORNEY)
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<p>2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.</p> <p>3. Judgment creditor (name): COUNTY OF LOS ANGELES whose address appears on this form above the court's name.</p> <p>4. <input checked="" type="checkbox"/> The support is ordered to be paid to the following county officer (name and address):</p> <p>STATE DISBURSEMENT UNIT P.O. BOX 989067 WEST SACRAMENTO CA 95798-9067</p>	<p>5. Judgment debtor (full name as it appears in judgment): [REDACTED]</p> <p>6. a. A judgment was entered on (date): 31-May-2007 b. Renewal was entered on (date): c. Renewal was entered on (date):</p> <p>7. <input type="checkbox"/> An execution lien is endorsed on the judgment as follows: a. Amount: \$ b. In favor of (name and address):</p> <p>8. A stay of enforcement has a. <input checked="" type="checkbox"/> not been ordered by the court. b. <input type="checkbox"/> been ordered by the court effective until (date):</p> <p>9. <input checked="" type="checkbox"/> This is an installment judgment.</p>
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[Seal]

This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): no date required under FC § 4506.

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 Clerk, by No signature required., Deputy