

NOTICE OF LIEN

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

TO: LAKE COUNTY RECORDER
GOV'T CENTER
2293 N. MAIN STREET
CROWN POINT, IN 46307

2002 015516

Obligor: SANTIAGO M. ANDRADE
(Name/dob/ssn) HAMMON, IN 46328

2002 FEB 13 AM 8:48

MORRIS W. CARTER
RECORDER
DOB: 04/17/66 SSN: 617 14 1297

FROM RIVERSIDE COUNTY
(Claimant): DEPARTMENT OF CHILD SUPPORT SERVICES
2041 IOWA AVENUE
RIVERSIDE , CA 92507



Obligee: COUNTY OF RIVERSIDE
(Name)

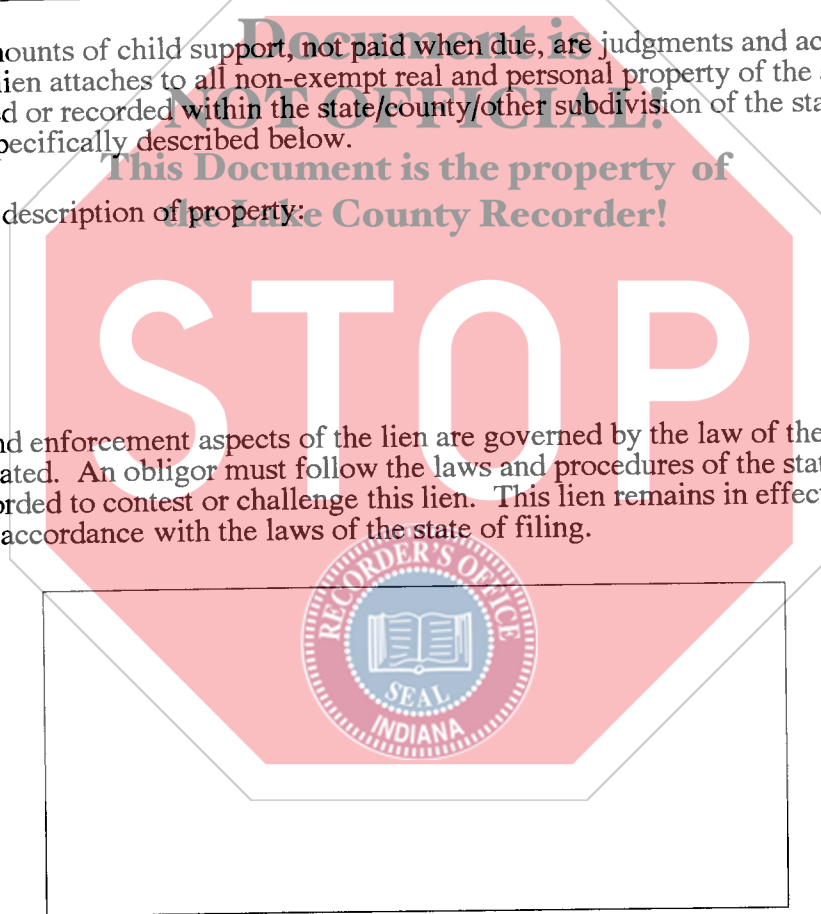
Claimant's Case #: C 000261662

This lien results from a child support order, entered on 04/13/01 by SUPERIOR COURT
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE docket number
261662DA. This order requires the above-named obligor to pay child support in
the amount of \$ 816.00 per month.

As of 11/01/99 to 08/31/01, the obligor owes unpaid support in the amount of
\$ 15,638.00, 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:



The priority and enforcement aspects of the 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.

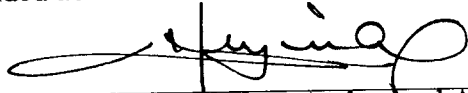
1200 (bover)
11973

Check either "A" or "B"

A [X] 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.

OCT 11 2001
Date

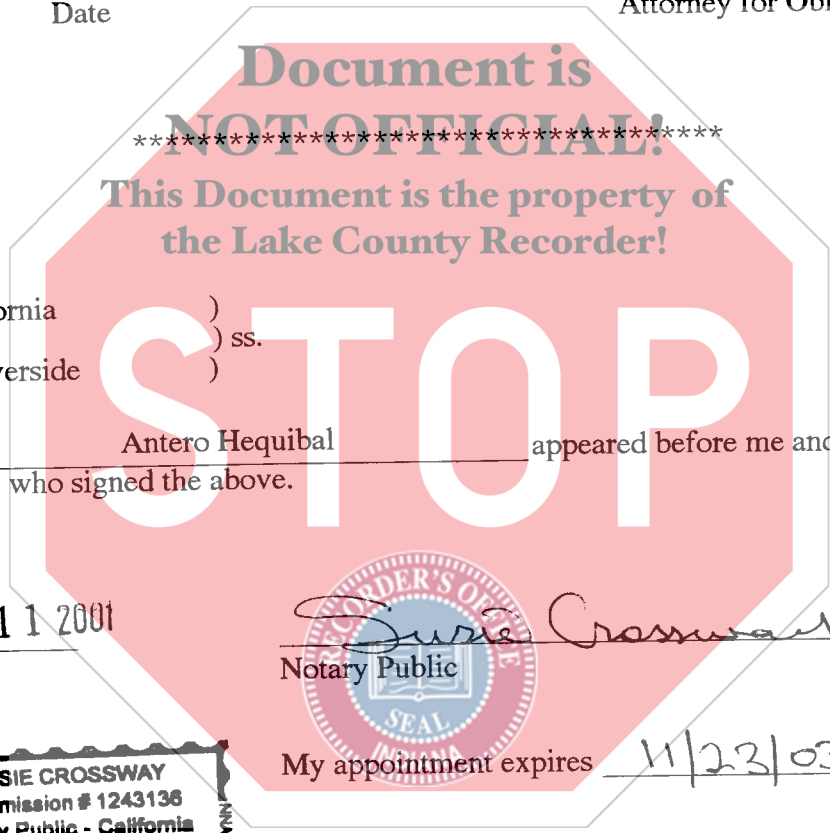

Antero Hequibal, Authorized Agent

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.

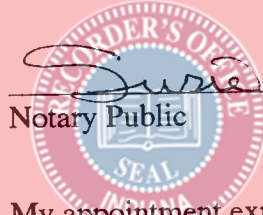
Date Attorney for Obligee



State of California)
County of Riverside) ss.

I certify that Antero Hequibal appeared before me and is known to me as the individual who signed the above.

Date: OCT 11 2001


Susie Crossway
Notary Public

My appointment expires 11/23/03



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.