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**RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:**

TRINIDAD MADRIGAL CSB#97700  
LEAD CHILD SUPPORT ATTORNEY  
SAN MATEO COUNTY DCSS  
555 COUNTY CENTER  
P.O. BOX 8084  
REDWOOD CITY, CA 94063-8084

2007 054403

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 JUL -5 AM 11:12

MICHAEL A. BROWN  
RECORDER


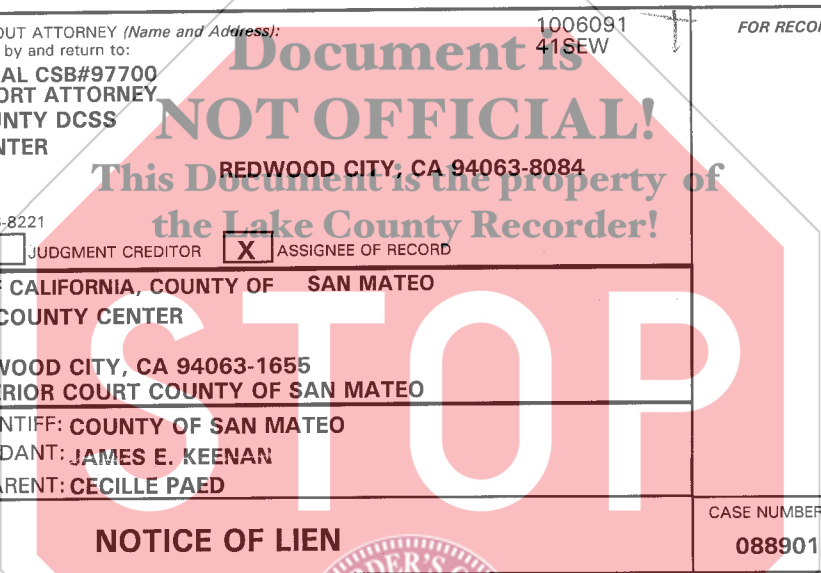
SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

**NOTICE OF LIEN**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: <b>TRINIDAD MADRIGAL CSB#97700 LEAD CHILD SUPPORT ATTORNEY SAN MATEO COUNTY DCSS 555 COUNTY CENTER P.O. BOX 8084 REDWOOD CITY, CA 94063-8084</b>		1006091 41SEW	<b>FOR RECORDER'S USE ONLY</b>
TELEPHONE NO.: (650) 366-8221 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> STREET ADDRESS: <b>400 COUNTY CENTER</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>REDWOOD CITY, CA 94063-1655</b> BRANCH NAME: <b>SUPERIOR COURT COUNTY OF SAN MATEO</b>			
PETITIONER/PLAINTIFF: <b>COUNTY OF SAN MATEO</b> RESPONDENT/DEFENDANT: <b>JAMES E. KEENAN</b> OTHER PARENT: <b>CECILLE PAED</b>			
<b>NOTICE OF LIEN</b>		CASE NUMBER: <b>088901</b>	

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\$17  
571659  
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# Notice of Lien

TO:

(Name/Address of recorder or asset holder)

**LAKE COUNTY RECORDER  
2293 NORTH MAIN STREET  
CROWN POINT IN 46307**

Obligor:

(Name/Address/DOB/SSN)

**JAMES E. KEENAN  
1065 LAKEWOOD CT  
SCHERERVILLE, IN 46375-1096  
UNITED STATES**

DOB: 08-16-1967

SSN: 324-70-0719

FROM:

(IV-D Agency or name of obligee  
and/or his or her private attorney  
or entity acting on behalf of the obligee,  
address, phone, e-mail address, fax number)

**SAN MATEO COUNTY DCSS  
555 COUNTY CENTER  
P.O. BOX 8084  
REDWOOD CITY, CA 94063-8084**

TELEPHONE: (650) 366-8221

FAX: (650) 366-4711

E-MAIL ADDRESS:

Obligee:

(Name)

**CECILLE PAED**

IV-D Case#: 1006091

This lien results from a child support order, entered on **01-04-2007** by the **SUPERIOR COURT OF CALIFORNIA IN THE COUNTY OF SAN MATEO** in CA tribunal number **088901**

As of **04-30-2007**, the obligor owes unpaid support in the amount of **\$ 7,572.44**

This judgment may be subject to interest.

Prospective amounts of child support, not paid when due, are judgments that are added to the lien amount. This lien attaches to all non-exempt real and/or personal property of the above-named obligor which is located or existing within the State/county of filing, including any property specifically described below.

Specific description of property:

**1065 LAKEWOOD CT SCHERERVILLE, IN 46375-1096**

All aspects of this lien, including its priority and enforcement, 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. An obligor may also contact the entity sending the lien. This lien remains in effect until released or withdrawn by the obligee or in accordance with the laws of the State where the property is located.

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

Check either "A" or "B" below. The option that does not apply may be omitted from the form. If "B" is checked, the form must be notarized.

A.  Submitted by a IV-D agency/office on behalf of the named obligee

As an authorized agent of a State or Tribal, or subdivision of a State or Tribal, 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 and reference its case number, both listed above.

05/01/2007  
Date

*Sharon Wilson*  
Authorized Agent

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SHARON WILSON

This Document is the property of the Lake County Recorder's Office

TELEPHONE: (650) 366-8221

FAX: (650) 366-4711

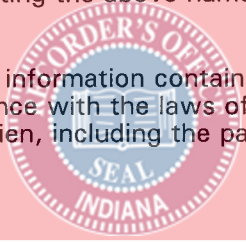
E-MAIL ADDRESS:

STOP

B.  Submitted by an obligee or a private (non-IV-D) attorney or entity on behalf of an

I am  the obligee of the above referenced order [or]  
 an attorney or entity representing the above named obligee

I certify under penalty of perjury that the information contained in this notice is true and accurate and that this lien is submitted in accordance with the laws of the State of California. For additional information regarding this lien, including the pay-off amount, please contact the obligee listed above.



Date

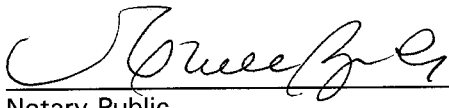
Signature

Print name, e-mail address, phone and fax

Notary State: CALIFORNIA

County: SAN MATEO

I certify that **SHARON WILSON** appeared before me and is known to me as the individual who signed the above.

Date 05/01/2007   
Notary Public

My appointment expires 01/02/2009



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.

OMB Control#: 0970-0153 Expiration Date: 01/31/2008