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OMB Control#: 0970-0153

NOTICE OF LIEN

TO: DE SOTO COUNTY CLERK

2535 HIGHWAY 51 SOUTH  
HERNANDO, MS 38632

Obligor: ALLEN STROUD  
(Name/dob/ssn)

DOB: 01/09/63 SSN: 561 55 8687

FROM DISTRICT ATTORNEY RIVERSIDE COUNTY  
(Claimant): FAMILY SUPPORT DIVISION  
2041 IOWA AVENUE  
RIVERSIDE , CA 92507

Obligee: COUNTY OF RIVERSIDE  
(Name)

Claimant's Case #: C 000186091

This lien results from a child support order, entered on 12-21-90 by SUPERIOR COURT  
in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE docket number  
D96629. This order requires the above-named obligor to pay child support in  
the amount of \$ 197.00 per month.

As of 06-28-89 to 08-31-99, the obligor owes unpaid support in the amount of  
\$ 11104.68, and this lien amount is subject to an interest rate of 10 %.

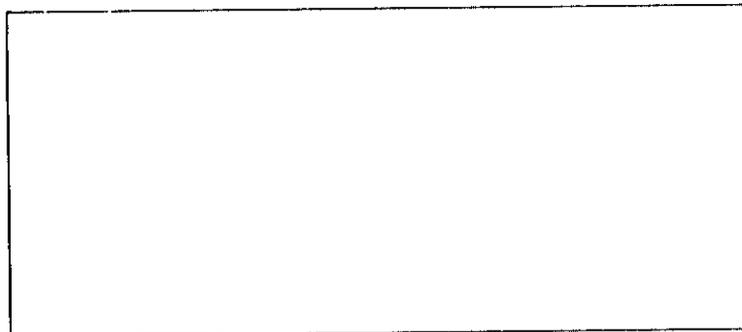
Prospective amounts of child support, not paid when due, are judgments and accrue to the lien amount. This lien attaches to all non-exempt real and personal property of the above-named obligor, which is located or recorded within the state/county/other subdivision of the state of filing, including any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

Specific description of property:

*nl* STATE MS.-DE SOTO CO.  
FILED  
*ml* DEC 13 3 54 PM '99

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W.E. DE SOTO CO. CLK.

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.

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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.

9/30/99  
Date

Yvonne Wilczynski  
Yvonne Wilczynski, 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

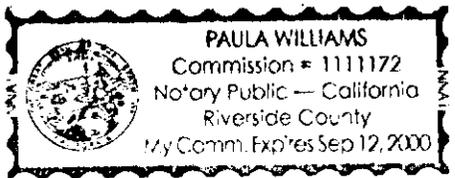
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State of California )  
County of Riverside ) ss.

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

Date: 9-30-99

Paula Williams  
Notary Public



My appointment expires 9-12-2000

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.