NOTICE OF LIEN

TO: DOUGLAS COUNTY JUDICIAL BLDG. BARBARA REED 1625 8TH ST. PO BOX 218 MINDEN, NV. 89423

Obligor: TIMOTHY F. LARKIN
1435 ALBITE RD (Name/dob/ssn)WELLINGTON, NV 89444

DOB: 10/04/51

SSN: 561 84 9036

FROM DISTRICT ATTORNEY RIVERSIDE COUNTY

(Claimant): FAMILY SUPPORT DIVISION 1370 SOUTH STATE STREET SAN JACINTO , CA 92582.

Obligee: ANITA M. LARKIN

Claimant's Case #: C 000129210

(Name)

by SUPERIOR COURT This lien results from a child support order, entered on ____ in STATE OF CALIFORNIA, COUNTY OF RIVERSIDE docket number ____. This order requires the above-named obligor to pay child support in the amount of \$_ _ per __month._ to 01-31-00 As of 03-01-79 , the obligor owes unpaid support in the amount of \$ 43391.25 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.

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.

I am an attorney representing the above-named obligee. I certify that this lien is issued in accordance

B [] Issued by a private (non-IV-D) attorney

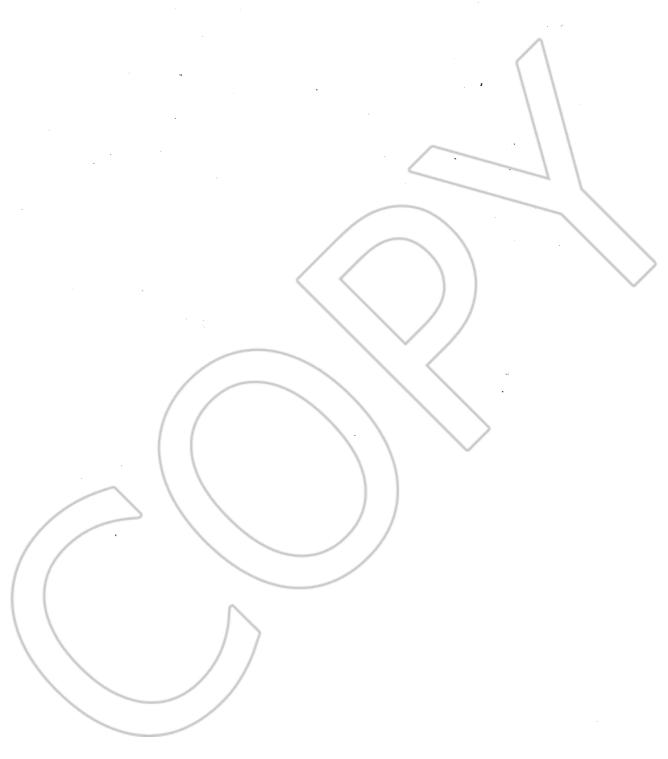
with the laws of the State of For additional information regarding this lien, including the pay-off amount, please contact the undersigned (claimant) at the address provided above. Attorney for Obligee Date ************* State of California County of Riverside I certify that Yvonne Wilczynski appeared before me and is known to me as the individual who signed the above. le Williami AUG 1 0 2000 Date:

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.

Notary Public

My appointment expires 9-12-00

PAULA WILLIAMS Commission # 1111172 Notary Public — California Riverside County Comm. Expires Sep 12, 2000



REQUESTED BY

REQUESTED BY

IN OFFICIAL RECORDS OF

DOUGLAS CO. HEYADA

2000 NOV 29 PM 2: 55

LINDA SLATER
RECORDER

PAID DEPUTY

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