Notice of Lien

Vol M99 Page 28103

TO: OREGON INTERSTATE CENTRAL REGISTRY 1495 EDGEWATER NW, STE 290, SALEM, OR 97304

Obligor:

Frank W. Branlund

(Name/dob/ssn) 06/22/40

534-36-4961

By.

FROM: SHASTA CO. DISTRICT ATTORNEY, FAMILY SUPPORT DIVISION PO BOX 994130, REDDING, CA 96099-4130

(Claimant)

Obligee: State of California (Name) County of Shasta

Claimant's Case #: 164063

This lien results from a child support order, entered on 07/03/80

by Elko Co., NV, registered in Shasta Co. in Redding, CA on 12/17/87, docket number 93342. This order requires the above-named obligor to pay child support in the amount of \$ 100.00, per month per child.

As of 01/31/99, the obligor owes unpaid support in the amount of \$963.54, and this lien amount is subject to an interest rate of n/a.

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: unknown

The priority and enforcement aspects of this 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.

3/R/99 Gazhw Schufull

Date Authorized Agent

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

SS.

County of Shasta)

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

Date Mar. 8, 1999

Notary Public

My appointment expires \(\frac{\sqrt{UV}}{15}, \frac{2002}{2002} \)

