STATE OF CALIFORNIA— HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

		LIE	N			
On this day of	, 20	0, I,				
	(THE UNDERSIGNED)					
grant the COUNTY of property owned by me or in white					-	
COUNTY ofspouse,	because of the agreement signed on					
or my children beginning the	day of		, 20			
I hereby waive the defense provide						
This lien is binding upon myself, my	heirs, executors, a	administrators, and	d assignees.			
The following is a true and correct of (Attach additional pages if necessar		eal property owned	d by me or in w	hich I have an interest:		
NAME(S) OF OWNER(S) AS IT APPEARS ON THE	COUNTY TAX ASSESSOR	S ROLLS				
THE AUTHORITY FOR THIS LIEN IS F	OUND IN WELFARE	AND INSTITUTION	IS (W&I) CODE 1	11257.5		
SIGNATURE OR MARK						
		DATE				
SIGNATURE OR MARK OF SPOUSE		DATE	SPOUSE'S PRINTED NAME IN FULL			
SIGNATURE OF WITNESS TO MARK(S)		I	1		DATE	
NOTARIZATION   STATE OF CALIFORNIA   COUNTY OF				SEAL		
(Title and Name of Officer)						
personally appeared						
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.						
I certify, under PENALTY OF PERJU foregoing paragraph is true and correct.		of the State of Cali	fornia that the			
WITNESS my hand and official seal,						
Signature						
CW 81 (4/10) REQUIRED FORM - SUBSTITUTES P	ERMITTED			•		