

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 22, 1993

ALL COUNTY INFORMATION NOTICE I-27-93
TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: CA 81, LIEN AGREEMENT

REFERENCE: All County Information Notice I-52-90

This letter transmits reproducible copies of a revised CA 81 (4/93) and CA 81 SP (4/93), Lien Agreement. The CA 81 was revised to reflect technical changes to the Notarization Section. The revision was initiated because of a change in the California Civil Code (Section 1189), which became effective January 1, 1993.

Additionally, minor format changes were made to the top portion of the CA 81 (4/93): (1) in the header the narrative "Department of Social Services" was relocated under "State of California Health and Welfare Agency," and (2) the frame around the narrative box in the upper right corner was deleted.

This is an extremely low usage form; therefore, no stock will be reproduced. Counties that need a camera-ready copy of the CA 81 (4/93) in English and Spanish may call the Forms Management Bureau at (916) 657-1907. Copies of the Asian language versions (Chinese, Lao, Cambodian, and Vietnamese) will be forwarded to the County Forms Coordinator by the Language Services Bureau when these translations are available.

If you have any questions, please call Elizabeth Allred of the AFDC Policy Implementation Bureau at (916) 657-3350 or CALNET at 437-3350.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael C. Genest".

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

cc: CWDA

FOR RECORDER'S USE

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

LIEN

On this _____ day of _____, 19____, I, _____
(THE UNDERSIGNED)

grant the COUNTY of _____, a political subdivision of the State of California, a lien against the real property owned by me or in which I have an interest as described below. This lien is granted as security for the amount I owe the

County of _____ because of the agreement signed on _____, for myself, my spouse, or my children beginning the _____ day of _____, 19____.

I hereby waive the defense provided by the statute of limitations.

This lien is binding upon myself, my heirs, executors, administrators, and assignees.

The following is a true and correct description of the real property owned by me or in which I have an interest:
(Attach additional pages if necessary)

NAME(S) OF OWNER(S) AS IT APPEARS ON THE COUNTY TAX ASSESSOR'S ROLLS

THE AUTHORITY FOR THIS LIEN IS FOUND IN WELFARE AND INSTITUTIONS (W&I) CODE 11257.5

SIGNATURE OR MARK	DATE	PRINTED NAME IN FULL
SIGNATURE OR MARK OF SPOUSE	DATE	SPOUSE'S PRINTED NAME IN FULL
SIGNATURE OF WITNESS TO MARK(S)		DATE

NOTARIZATION

SEAL

STATE OF CALIFORNIA
COUNTY OF _____

On _____ before me, _____
(Title and Name of Officer)

personally appeared _____

personally known to me (or 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.

WITNESS my hand and official seal

Signature _____

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

GRAVAMEN

En este día _____ de _____ de 19____, yo, _____
(EL SUSCRITO)

otorgo al CONDADO de _____, el cual es una subdivisión política del Estado de California, un gravamen contra la propiedad inmueble de la cual soy dueño o en la cual tengo participación en la forma en que se describe enseguida. Se otorga este gravamen como garantía por la cantidad que le debo al Condado de _____ en virtud del convenio que yo firmé el _____, y será obligatorio para mí, mi esposo(a), o mis hijos y , comenzará el _____ de _____ de 19_____.

Por este medio, renuncio a la defensa que provee la ley de prescripción (statute of limitations).

Este gravamen es obligatorio para mí, mis herederos, ejecutores testamentarios (albaceas), administradores, y cesionarios.

A continuación se describe en forma fiel y correcta la propiedad inmueble de la cual soy dueño o en la cual tengo participación:

(Adjunte hojas adicionales si es necesario)

NOMBRES DE LOS DUEÑOS EN LA FORMA EN QUE APARECEN EN LOS ARCHIVOS DEL TASADOR DE IMPUESTOS DEL CONDADO

EL FUNDAMENTO LEGAL PARA ESTE GRAVAMEN SE ENCUENTRA EN LA SECCION 11257.5 DEL CODIGO DE BIENESTAR E INSTITUCIONES (W&IC)

FIRMA O MARCA	FECHA	NOMBRE COMPLETO ESCRITO CON LETRA DE IMPRENTA
FIRMA O MARCA DE LA ESPOSA(O)	FECHA	NOMBRE COMPLETO DE LA ESPOSA(O) ESCRITO CON LETRA DE IMPRENTA
FIRMA DEL TESTIGO A LA MARCA		FECHA

NOTARIZATION

SEAL

STATE OF CALIFORNIA
COUNTY OF _____

On _____ before me, _____
(Title and Name of Officer)

personally appeared _____

personally known to me (or 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.

WITNESS my hand and official seal

Signature _____