

90-300 APPENDIX F. FORM 11-22 HHSA

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| PLEASE COMPLETE THIS INFORMATION. RECORDING REQUESTED BY: County of San Diego Office of Revenue Recovery 5530 Overland Ave., Suite 310 San Diego, CA 92123 AND WHEN RECORDED MAIL TO: O-60 | <i>THIS SPACE FOR RECORDER'S USE ONLY</i> |
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GENERAL RELIEF (GR) GRANT OF LIEN COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

CASE NAME _____ CASE NO. _____

AKA _____

SPOUSES NAME _____ AKA _____

MARITAL STATUS: Never Married Divorced Widowed Married, But Separated Married, Not Separated

In accordance with provisions of law of the State of California, the undersigned hereby grants to the County of San Diego lien upon any real property in which the undersigned has or holds any right, title or interest, and all other real property in which the undersigned may acquire any right, title or interest in the future, situated in the State of California, or elsewhere, for the amount of all sums of money and the reasonable value of any other property or services heretofore and hereinafter advanced by the County of San Diego under the General Relief Program to: [check applicable box(es)]:

- The undersigned or to the spouse.
- Other person (s), as follows: (Give name and relationship) _____

The lien shall not be enforceable against your home (1) during your lifetime or that of your spouse, or (2) during the minority of your children if they reside in the home, or (3) during the lifetime of any dependent adult child who resides in the home and who is incapable of self-support because of mental or physical disability. If you desire to sell your home against which a lien has been imposed the County shall release its lien against the original home and transfer it to the new home, provided that it finds that its security will not be impaired. If you want to borrow money for the purpose of making improvements to your home, using your home for security, the County shall subordinate its lien to the mortgage or other security interest given for the loan, if the County finds that its security will not be impaired.

Any lien taken by the County for care shall be released immediately when the amount owing the County is paid.

This agreement shall be binding upon the undersigned, his/her successors, heirs and assigns. Furthermore, the benefits of the statute of limitations relating to the collection of such indebtedness or enforcement of this lien are hereby forever waived.

I hereby authorize the grantee to append to this instrument a description of any real property located in the State of California or elsewhere of which I am the assessed owner.

Signed _____ Signed _____

Print Name _____ Print Name _____

AKA _____
AKA _____

Print AKA _____ Print AKA _____

Address _____ Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Signed _____

Signed _____

Print Name _____

Print Name _____

AKA _____

AKA _____

Print AKA _____

Print AKA _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

PROPERTY DESCRIPTION:

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)

)SS

COUNTY OF SAN DIEGO)

On _____ before me, _____ (Deputy County Clerk), personally appeared _____

_____ who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are subscribed to 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 PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

This is to certify that the interest in real property conveyed by the foregoing Grant of Lien to the County of San Diego, a political corporation and/or governmental agency, is hereby accepted by the undersigned officer or agent on behalf of the County Clerk pursuant to authority conferred by resolution of the Board of Supervisors adopted on February 24, 1970, and the grantee consents to recordation thereby of its duly authorized officer.

By: _____
County Clerk

Dated: _____
County of San Diego
Health and Human Services Agency