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STATE OF CALLORINA . HEALTH AND WELFARE AGEN	
RECORDING REQUESTED BY	
DED 2 DED 2 DED 20	
SHASTA COUNTY	SOCIAL SERVICES
CALIFORNIA	
WHEN RECORDED MAIL TO:	
SPECTAL THURSE	
P.O. Box 6005	IGATORS OFFICE
Redding, CA 96	000
FOR THE AMOUNT OF THE	
FOR THE AMOUNT OF THE LIE	EN BALANCE CONTACT:
JENNIFER VAL, (Collections Officer Teleri
· · · · · · · · · · · · · · · · · · ·	Collections Officer Telephone # (916) 225-5606
 (2) 관련 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	COUNTY OF:SHASTA
	LIEN
On this day of Oc	tober, 19 _85 , , DAVID HARRIS, Sr.
· · · ·	. 19 85 , DAVID HARRIS. Sr
in the consideration of the granting	(The undersigned)
of the Creation	ng of aid to me by the COUNTY of
or the State of California, hereby g	rant to the COUNTY of SHASTA
owned by me or in which I have a	grant to the COUNTY of <u>SHASTA</u> , a political subdivision an interest as described below. This lien is granted as security for the amount of aid
paid by the COUNTY of	STA on behalf of myself, my spouse, or my children beginning
the day of Oct	tober, 19 _85 , for a pariod of no more than six (6) consecutive months.
MAXIMIM ATD DATE	-Ober, 19 _85_, for a pariod of po more d
MAXIMUM AID PAID: \$4188	}
I hereby waive the defense provided	by the statute of the
	Constructe of limitations.
inis lien is binding upon myself, my	/ heirs avanuation and the
	y heirs, executors, administrators, and assignees.
Attach addition true and correct d	description of the real property owned by me or in which I have an interest:
additional pages if necessary	y)
	Please and the
	Please see attached.
MES) OF CHANEBESI AS IT	
DAVIT D T TT TT TT TAR	ISESSON'S ROLLS:
DAVID J. HARRIS A	AND MARILYN D. HARRIS, Husband and Wife
E AUTHORITY FOR THIS LIEN IS FOUND IN	W&ICODE 112575
MATURE OR MARK	
NATURE OR MARK OF SPOUSE	10-21-53 PRINTED NAME IN FULL
Show where of spouse	
NATURE OF WITNESS TO MARKISI	SPOUSE'S PRINTED NAME IN FULL
	DATE
	NOTARIZATION
ate of California, County ofShas	ita
fore me the undersigned, a notary a	
Devet Litte	ublic in the State of California, personally appeared
the heat	
une Dasis of satisfactory outdown	Dersonality known to and
nowledged that he (she or they) and) to be the person(s) whose name(s) is (are) and to me (or proved to me
nowledged that he (she or they) exe) to be the person(s) whose name(s) is (are) supported to me (or proved to me cuted it.
nowledged that he (she or they) exer	cuted it.
arbara E Upinoil	Date Date BARBARA E. YOWELL
arbara E Upinoil	Date BARBARA E. YOWELL Date Date Policipal Seal Date Date Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Philopal Officia
arbara E Upinoil	Date Date BARBARA E. YOWELL
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Ine basis of satisfactory evidence) nowledged that he (she or they) exer Ar Signature Exband & Yowell (1/85)	Date BARBARA E. YOWELL Date Date Policipal Seal Date Date Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Notation Policipal Seal Philopal Official Seal Philopal Officia

A 10 THE CITY OF KLAMAT y along the line betwee hence Southeasterly par errace 50 feet; thence herein mentioned, 100 f e; thence Norwesterly 5 D DECEMBER 10, 1941 in F D DECEMBER 10, 1941 in F - o'clock A M., and duly recorder EVELYN BIEHN County (By Cleanetha M (

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Martin Contraction