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Aid  
Office of Revenue Reimbursement  
Sacramento County  
P.O. Box 89  
Sacramento, California 95801

ORR No. \_\_\_\_\_

Case No. 34-30-074920

STATE OF OREGON,  
County of Klamath

Vol. M87 Page 20536

Filed for record at request of:

County of Sacramento

on this 12th day of Nov. A.D., 19 87  
at 12:41 o'clock P M. and duly recorded  
in Vol. M87 of Deeds Page 20536

Evelyn Biehn, County Clerk  
By Ann Smith

Fee, \$5.00

Deputy.

## COUNTY OF SACRAMENTO

## AGREEMENT TO SELL PROPERTY AND GRANT OF LIEN

APPLICANT NAME Raymond David Ruegger  
Print Full NameSOC. SE. NO. 541-60-2466ADDRESS 4750 Greenholme Dr #4  
Street Apt. No.DRIVER'S LIC. NO. 1367866 STATE OregonSacramento Ca 95842  
City State ZipDATE OF BIRTH May 9, 1950

ALIAS/MAIDEN NAME \_\_\_\_\_

MARRIED ☒ SINGLE ☐ DIVORCED ☐ SEPARATED ☐SPOUSE'S NAME Arlene Kay RueggerOn this 6th day of MARCH19 87I(We) RAYMOND DAVID RUEGGER AND ARLENE KAY RUEGGER  
(the undersigned)

in consideration of Granting Aid to me(us) by the County of Sacramento, a political subdivision of the State of California, hereby grant to the County of Sacramento a lien against the real property owned by me(us) or in which I(we) have an interest as described below. This lien is granted as security for the amount of aid paid by the County of Sacramento on behalf of myself(ourselves), my spouse, or my children beginning the 6th day of MARCH 19 87, for a period of no more than nine (9) consecutive months.

(We) 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(We) have an interest:

325 Martin St., Klamath Falls, OR 97601  
Parcel Number 3809-33AB-8700

## CONDITIONS OF AGREEMENT

I (We) understand that my (our) resources exceed the amounts which an otherwise eligible family may have and still qualify for payment under the Aid to Families with Dependent Children (AFDC) program. I (We) hereby request that aid payments be made to me (us) until I (we) can sell the above described real property at its appropriate fair market value. I (We) agree to take all necessary and proper steps to sell the above-described real property and to actively continue my (our) efforts to do so until the property is sold. I (We) understand that I (we) have nine (9) months to sell the property and if at the end of nine (9) months the property has not sold and my (our) resources continue to exceed the amount allowed, I (we) will be ineligible for assistance under the AFDC program. I (We) further understand that I (we) will have to repay the amount of aid I (we) receive directly from the proceeds of the sale of the above-described real property. I (We) further understand and agree that I (we) shall repay the total amount of aid I (we) receive from the proceeds of the sale of the above-described real property even if the above-described real property cannot be sold within the nine (9) month period.

DATED: 3-6-87

Raymond David Ruegger  
Applicant Signature

I, the undersigned, co-owner, consent to the creation of a lien against all of the above mentioned property, in which I have an interest, under the terms and conditions set forth above.

Authority: W&amp;I Code 11257.5; MPP 42-213.12

STATE OF CALIFORNIA )  
COUNTY OF SACRAMENTO ) SS.

On this 6th day of MARCH in the year one thousand nine  
hundred and 87 before me, JOYCE RUSSELL SMITH

County Clerk and ex-officio Clerk of the Superior Court in and for said  
County personally appeared RAYMOND DAVID RUEGGER  
AND ARLENE KAY RUEGGER

known to me to be the person S whose name SARE

subscribed to the within instrument and  
acknowledged to me that THEY executed the same.

And I do hereby certify that the annexed instrument is executed and acknowledged in  
accordance with the laws of the State of California.

JOYCE RUSSELL SMITH  
County Clerk and ex-officio Clerk of said  
Superior Court

By Deanne  
Deputy Clerk

Arlene Kay Ruegger  
CO-OWNER

3-6-87

DATE SIGNED BY CO-OWNER

Raymond David Ruegger  
(SIGNATURE OF APPLICANT IN FULL)

RAYMOND DAVID RUEGGER  
(PRINTED NAME OF APPLICANT IN FULL)

Case Name: ARLENE K. RUEGGER  
(If different than name at top of form)