

82709

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

Vol. 1487 Page 22600

DEPARTMENT OF SOCIAL SERVICES

RECORDING REQUESTED BY:
SISKIYOU COUNTY WELFARE DEPARTMENT
ROOM 4, COURT HOUSE
YREKA, CA 96097

WHEN RECORDED MAIL TO:
SISKIYOU COUNTY WELFARE DEPARTMENT
ROOM 4, COURT HOUSE
YREKA, CA 96097

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

FOR RECORDER'S USE

COUNTY OF: KLAMATH COUNTY, OREGON
LIEN

On this 30th day of NOVEMBER, 19 87, JANE M. JACKSON

(The undersigned)

in the consideration of the granting of aid to me by the COUNTY of SISKIYOU, a political subdivision of the State of California, hereby grant to the COUNTY of SISKIYOU 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 of aid paid by the COUNTY of SISKIYOU on behalf of myself, my spouse, or my children beginning the 1st day of NOVEMBER, 19 87, for a period of no more than nine (9) consecutive months.

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

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



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)

PARCEL # 012-27394 MAP # M 170056 000 MOBILE HOME MAP 3407 3441 700

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

JANE M. JACKSON

THE AUTHORITY FOR THIS LIEN IS FOUND IN W & I CODE 11257.5

SIGNATURE ON MARK <i>Jane M. Jackson</i>	DATE 11-30-87	PRINTED NAME IN FULL Jane M. Jackson	MARRIAGE NAME <i>Shadley</i>
SIGNATURE ON MARK OF SPOUSE	DATE	SIGNATURE & PRINTED NAME IN FULL	
SIGNATURE OF WITNESS TO MARK(S)			DATE

NOTARIZATION

State of California, County of SISKIYOU, ss. On this 30th day of NOVEMBER, 19 87, before me the undersigned, a notary public in the State of California, personally appeared

_____ and _____ 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 this instrument, and acknowledged that he (she or they) executed it.

NOTARY SIGNATURE <i>Elizabeth S. Stewart</i>	TITLE NOTARY PUBLIC	DATE 11-30-87	SEAL EXPIRES 6-14-1991
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97 DEC 21 0111 018

Oregon Property
Taxes 1985
June 30, 1985
1984-1985
Klamath, Co.
MOBILE #10

Code Area 012
Account Number 27394
Property Description (Tax Lot Number)
Map Number 14 1/4
Parcel Special
Acres 0.191
Class Sub-class
Full Number

Taxpayer
Other
Owner
JACKSON JANE M
P O BOX 873
CHILQUIN
OR 97624

MOBILE HOME P
MAP 3407 3441 700

Delinquent Taxes
1983 181.81
1982 189.26

PLEASE
MAKE
PAYMENT
TO
F. JEAN ELZNER
TREASURER AND TAX COLLECTOR
P.O. BOX 5076 COUNTHOUSE ANNEX
KLAMATH FALLS, OREGON 97601

KLAMATH COUNTY 1984

87 DEC 2 PM 1 05

RECEIVED
SISKIYOU COUNTY
WELFARE DEPT.

True Cash Value
LAND
BUILDING
EXEMPTION
10180
10180
EXEMPTION
9250
18.02
166.68
9770
17.82
174.10

Current Taxes Levied By
Klamath County
Chiloquin City
Chiloquin Fire
County Election
County HI
Vector Dist
Tax Rate
Tax Amount
1.80
4.88
.91
6.67
3.34
32.63
2.15

RECEIVED

DEC 10 1987

SISKIYOU COUNTY
WELFARE DEPT.

Full
5.22
11-15-84
11-15-84
11-15-84
113.75
56.04

Pay One of These Amounts
163.88

STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of Siskiyou County Welfare Department the 21st day
of December A.D. 19 87 at 11:48 o'clock A M., and duly recorded in Vol. M87
of County Lien Docket on Page 22600

FEE \$10.00

Evelyn Biehn, County Clerk
By RAM Smith