

RECORDING REQUESTED BY:
AND WHEN RECORDED MAIL TO:
Alameda County Central Collections
1401 Lakeshore Drive
Oakland, California 95412

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Name _____ Name _____
Alias (if any) _____ Alias (if any) _____
Maiden Name _____
Soc. Sec. No. _____ Soc. Sec. No. _____

I HEREBY ACKNOWLEDGE that I requested or received General Assistance from the County of Alameda, State of California.

THEREFORE, I HEREBY AGREE to reimburse the County of Alameda for all of said General Assistance rendered to me, my spouse, or minor child, whenever I am financially able.

I HEREBY WAIVE the limitation of any statute for the presentation or suit on any claim for said services whether heretofore or subsequently rendered.

I HEREBY GRANT to the County of Alameda, a LIEN on all property that I now own, or may in the future acquire, to secure reimbursement of said General Assistance.

This Agreement to Reimburse and Grant of Lien shall be binding upon the administration of my estate, successors, heirs and assigns.

Receipt of a copy of this Agreement is hereby Acknowledged.

Signature (or mark) _____ Date _____

Present Address _____

Signature (or mark) _____ Date _____

Present Address _____

STATE OF CALIFORNIA) ss
COUNTY OF ALAMEDA)

On _____, before me, _____ (name & title),
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 on behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand.

Signature _____

DISTRIBUTION: COPY 1: CENTRAL COLLECTIONS COPY 2: CASE FILE COPY 3: CLIENT