MTG. REC. 15

For Release of Annexed Lien See

Market Annexed Lien See

Record 156

Page 2

STATE OF CALIFORNI.
Department of Health Services
General Collection Section
1250 Sutterville Road, Room 206
Sacramento, CA 95822

When Recorded Mail To:

WARNOCK, MARY

STATE OF CALIFORNIA Department of Health Services General Collection Section 1250 Sutterville Road, Room 206 Sacramento, CA 95822 RECEIVED SENTION SECTION

EB 17 9 53 84 '89

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89 HAY 24 AM 8: 24

MARY E. WELTY RECORDER MADISON COUNTY, 10WA

Fee \$10.00

STATE OF CALIFORNIA FOR THE COUNTY OF MADISON, IOWA

deceased .	STIPULATION FOR LIEN			
1) I, JULIA HANSON	on information and belief, state that I a			
authorized by the Department	of Health Services, State of California, herei			
referred to as the "Department	", to act in its behalf in the above-entitled matter			
2) The Department and	RALPH R. WARNOCK Distributee, enter into			
voluntary lien pursuant to	Probate Code, Section 700.1, and Welfare an			
Institutions Code, Section 14	1009.5, for medical expenses paid on behalf of th			
deceased, MARY WARNOCK	, by the California Medi-Cal program i			
	on the following specifically described property			
~	ion Thirty-Six (36) Township Seventy-five (75) West of the 5th P.M., Madison County, Iowa.			
•				
·				
3) The above described p	roperty is currently of record under the name(s) of			
•	R. Warnock			
(Gov. Code S 27288.1) LIEN-REG				

•	
4) The validity of this lien is not depen	
property (Civil Code S2913), and the Department	
equity to the subject property as security for	
5) The deceased, Mary Warnock	
of age when the medical services were receive	
leaves no surviving child who is under 21 year	
totally disabled within the meaning of the Social	-
Dated: January 27 30 19 89	· · · · · · · · · · · · · · · · · · ·
	Julia Hanson Julia Hanso
	on behalf of the Department of
	Health Services, Lien Claimar
STIPULATION FOR	LIEN .
It is hereby stipulated by and between	distributee(s), Ralph R. Warnock
· · · · · · · · · · · · · · · · · · ·	and his/her/their respective
spouses, Ruth Warnock	
and the Department of Health Services, here	in referred to as the 'Department
through their respective representatives that	the Department has a lien in the sa
of \$ 6,242.10 against any pr	roperty of the estate received,
hereafter received, by the distributee(s)	or against any recovery by way
settlement or otherwise in the distribution of	the property of the decedent.
The Department's lien is based on	medical services provided to decede
Mary Warnock under eith	er or both of Chapters 7 and 8 of t
Welfare and Institutions Code and is authorize	The state of the s
and is authorized by Welfare and Institutions	
Section 700.1. Service of this Notice of L	
distributee(s) and their spouse(s).	→ · · ·
The state of the s	Ralph R. Warnock for the Maria
	Disturbush
	puth Warnock Such A. Warnock

Spouse of Distributee

On Behalf of the Department of Health Services, Lien Claimant or its Attorney Julia Hanson

STATE OF CALIFORNIA)			. HY2
COUNTY OF San Diego) SS.))			
On <u>February 14,</u>	1989 , before m	ne, the undersign	ed, a notary	public
in and for said county and	state, personal	ly appeared Ra	lph R. Warnoc	k
and Ruth A. Warnock				
		personally know	wn to me (or	proved .
to me on the basis of satis	factory eviden	ce) to be the per	son(s) whose	name(s)
is/are subscribed to the wi	thin instrumen	t and acknowledge	d that said p	person(s)
executed the same.	•			
WITNESS my hand and officia	al seal		,	
OFFICIAL SEAL LINDA T. MCKINNEY NOTARY PUBLIC - CALIFORM SAN DIEGO COUNTY My Comm. Expires April 22, 15		Notary Public	De Kinn	<u>ey</u>
	•		•	•
STATE OF CALIFORNIA				
COUNTY OF SACRAMENTO				
30 t	Ь			
On this		Of January	åm #L.	
before me William W.	Lau			
(here inse	rt the name and	quality of the o	fficer)	personally
appearedJulia Ha	ınson	_, personally know	Wn to me (or	nroyed to ma
on the basis of satisfactions	ctory evidence) to be the ne	rean wha	Proved to Me
instrument as		, ville pe	raon Muo 6X	ecuted this

instrument as a representative of State of California, (here insert title of officer) (name of the public corporation,

OFFICIAL SEAL WILLIAM W LAU SACRAMENTO COUNTY COHM. EXP. AUG. 10,1990

State of California, Department of Health Services

(public corporation, agency or political subdivision)

Department of Health Services

agency or political subdivision)

___ and acknowledged to me that the

_ executed it.