



**OFFICE OF TREASURER/TAX COLLECTOR- REVENUE RECOVERY DIVISION**

**Donna Riley**  
**Treasurer/Tax Collector**

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**Phone: 209.525.4450 Fax: 209.525.4347**

**STANISLAUS COUNTY REVENUE RECOVERY DIVISION**

PHONE #: (209) 525-4450

FACSIMILE #: (209) 525-4347

In order to process your request for a Release or Demand on the outstanding Liens for the individual listed above, please complete each section on the attached form and return.

Please be sure to include any Spouse or Dependent Child information as a Grant of Lien is used to secure an obligation to pay the amount of all county support, aid, medical care and hospitalization heretofore furnished or to be furnished in the future to the undersigned or to the spouses or dependents of the undersigned.

Our research will not begin until the requested information is completed and returned.

The normal turn around time on a demand or release request is 2 or 3 working days. Effective July 1, 2006, our demand letter will include the Clerk/Recorder \$15.00 fee for each recording of a Release of Lien.

Once the lien is satisfied, our office will file the release with the Clerk/Recorder's office.

**STANISLAUS COUNTY  
LIEN RELEASE/SUBORDINATION WORKSHEET**

All questions should be answered. If there is no spouse or dependent children, answer NONE.

Grantor(s) \_\_\_\_\_  
(As shown on the lien recording)

Case No. \_\_\_\_\_ Instrument No. \_\_\_\_\_ Date Recorded \_\_\_\_\_

Date Lien Signed \_\_\_\_\_

Case No. \_\_\_\_\_ Instrument No. \_\_\_\_\_ Date Recorded \_\_\_\_\_

Date Lien Signed \_\_\_\_\_

**IDENTIFICATION**

Grantor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AKA \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AKA \_\_\_\_\_ Social Security Number \_\_\_\_\_

**DEPENDENTS (CHILDREN)**

Please list all children's names and dates of birth, regardless of the child's age.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PREVIOUS MARRIAGES**

If there are no previous marriages, answer NONE. Be sure to enter date of divorce decree.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Divorce \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Divorce \_\_\_\_\_ Social Security Number \_\_\_\_\_

Previous Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address of Property pending Escrow: \_\_\_\_\_

Did the borrower own property or appear on the Deed when the Grant of Lien was signed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are the guarantor(s): \_\_\_\_\_ Purchasing \_\_\_\_\_ Re-Financing \_\_\_\_\_ Selling

Are the guarantor(s): First Time Home Buyers \_\_\_\_\_ Yes \_\_\_\_\_ No

IN ORDER TO EXPEDITE YOUR REQUEST, THE ABOVE INFORMATION MUST BE COMPLETED OR YOUR REQUEST WILL BE DELAYED UNTIL THIS INFORMATION IS RECEIVED.