



**OFFICE OF TREASURER – TAX COLLECTOR**

**Donna Riley**  
Treasurer – Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

**STANISLAUS COUNTY TREASURER-TAX COLLECTOR – REVENUE RECOVERY DIVISION**  
**LIEN RELEASE/SUBORDINATION WORKSHEET INFORMATION SHEET**

Contact us at:

PHONE #: (209) 525-4450

FACSIMILE #: (209) 525-4347

To process your request for a Release or Demand on your outstanding Liens, please complete each section on the attached form and return to:

Stanislaus County Treasurer-Tax Collector's Office – Revenue Recovery Division  
1010 10<sup>th</sup> Street, Suite 2500  
Modesto CA 95354

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 cannot begin until the requested information is fully completed and returned to our office.

The normal turnaround time on a demand or release request is 2 – 3 business days. The demand letter will include a \$15.00 fee charged by the Stanislaus County Clerk/Recorder for each recording of a Release of Lien.

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

**STANISLAUS COUNTY TREASURER-TAX COLLECTOR – REVENUE RECOVERY DIVISION**

**LIEN RELEASE/SUBORDINATION WORKSHEET**

All questions must be answered. If there is no spouse, prior 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 \_\_\_\_\_

**PRIOR MARRIAGES**

If there are no prior marriages, answer NONE. Date of divorce decree must be provided.

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

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

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

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

**ADDRESSES**

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

TO COMPLETE YOUR REQUEST, ALL OF THE ABOVE INFORMATION MUST BE SUBMITTED, OR YOUR REQUEST WILL BE DELAYED PENDING RECEIPT OF THIS INFORMATION.