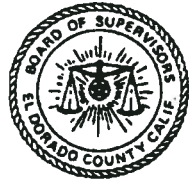


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#16



**RESOLUTION NO. 017-2010**  
**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

WHEREAS, California Welfare and Institutions Code Section 17000 requires every county to relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions; and

WHEREAS, said support is known as the General Assistance Program and the Department of Human Services is the County department designated to administer the General Assistance Program in El Dorado County; and

WHEREAS, recipients of General Assistance aid are required to reimburse the County for any and all monies, food, clothing and other relief, maintenance, care, property and services granted by the County; and

WHEREAS, each recipient of General Assistance aid grants to the County, as security for the reimbursement of General Assistance aid, a lien upon all property, both real and personal; and

WHEREAS, the County must execute a release of lien upon the full repayment to the County of all General Assistance aid received by the recipient; and

WHEREAS, the Board of Supervisors has the power to authorize releases, reconveyances and subordinations by a resolution, and to designate a county officer to execute instruments of release, reconveyance, or subordination;

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Supervisors of the County of El Dorado does hereby authorize said releases once County has been reimbursed in full for General Assistance aid, and does hereby designate the Director of the El Dorado County Department of Human Services as the County officer with authority to execute instruments of release in accordance with California Welfare and Institutions Code Section 17408.

**PASSED AND ADOPTED** by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 23rd day of February, 2010, by the following vote of said Board

**Ayes:** Sweeney, Knight, Nutting, Briggs, Santiago

**Attest:**  
Suzanne Allen de Sanchez  
Clerk of the Board of Supervisors

**Noes:** None  
**Absent:** None

By: Marcie MacFarland  
Deputy Clerk

Norma Santiago  
Chair, Board of Supervisors  
Norma Santiago

**I CERTIFY THAT:**  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

**DATE:** \_\_\_\_\_

**Attest:** SUZANNE ALLEN DE SANCHEZ, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_