



STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES

Doc#: 0818233183 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 08/30/2008 01:18 PM Pg: 1 of 1

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN  
[ ] RENEWAL

DATE OF INITIAL LIEN  
[ ]

Notice is hereby given that I, Thomas Sajdak, acting in my official capacity as an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

The east 41.67 feet, as measured at right angles to the East line thereof, of Lot 11 in Block 4 in Streamwood Green Unit 2-C, being a Subdivision of part of the East 1/2 of the Northwest 1/4 of Section 24, township 41 North, Range 9 East of the Third Principal Meridian, in Cook County, Illinois.

Subject to: General real estate taxes not due and payable at the time of closing, covenants, conditions, and restrictions of record, building lines and easements, if any, so long as they do not interfere with the current use and enjoyment of the real estate.

Property Address: 321 Juniper Circle, Streamwood, IL 60107  
PIN: 06-24-113-045-0000

A legal or equitable interest in said described real estate is owned by:

CLIENT NAME: LINDA MOONEY CASE ID #: 91-114-079746  
ADDRESS: Maple Care Center, 50 North Jane Dr, Elgin, IL 60123-5196

This lien is claimed for all assistance paid to or on behalf of said client, under Article III and/or Article V of the Illinois Public Aid Code, and for payments made to preserve the said lien in accordance with statutory provisions.

DATE: 6-30-08 Thomas Sajdak  
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

-----  
State of Illinois } Illinois Dept. of Healthcare and  
                          } Family Services  
                          } Bureau of Collections  
County of Cook } SS Technical Recovery Section  
                          } 32 West Randolph St., 13th Floor  
                          } Chicago, Illinois 60601-3412

I, ESTELL HARDIMAN, Notary Public do hereby certify that Thomas Sajdak, as an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she/he signed the said instrument as required by law, for the uses therein set forth.



Given under my hand and seal this  
30 day of June, A.D., 2008  
Estell Hardiman  
Notary Public