IOFFICIAL STATE OF ILLINO

DEPARTMENT OF **HEALTHCARE AND FAMILY SERVICES**

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN

[] RENEWAL

0824133082 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 08/28/2008 10:58 AM Pg: 1 of 1

DATE OF INITIAL LIEN 1

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:

Lot Three Hundred Eighteen (except the North 22 feet thereof)... (318) Lot Three Hundred Nineteen (except the South 5/12 feet thereof)... (319) In Berwyn Manor, a Subdivision of the South 1271.3 feet of the Southeast Quarter (1/4) of Section 19, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1924 S. Clarence Ave., Berwyn, Illinois 60402 P.I.N. 16-19-418-023-0000

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

CLIENT NAME: CLEO HENDERLEITER

91-200-806515 CASE ID #:

ADDRESS: Victorian Manor, 339 South 9th Ave., LaGrange, 1L 60525-0000

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.

8.12.08

OF COLLECTIONS

State of Illinois

County of Cook

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

, Notary Public do hereby certify that Thomas Sajdak, as an Authorized Représentative 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.

OFFICIAL SEAL **ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/11 (SEAL)

Given under my hand and seal this

day of

Notary Public

HFS 237 (R-10-2006)

IL478-0208