JNOFFICIAL CO

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** 

**CERTIFICATE OF RELEASE OF LIEN** 

Doc#: 0916635150 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 06/15/2009 12:01 PM Pg: 1 of 1

FOR [ ] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [X] DISABILITY ASSISTANCE

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 Farrity Services, for and in consideration of \$0.00, do hereby release the lien for assistance as checked above, which was paid to or on behalf of:

## **BEATRICE HILTON**

## 93-207-391742

Dated 09/09/2004, and recorded in, Cook County, State of Illinois, on 09/15/2004 and 11/30/1999, under Document No. 0425942034 and 03117437 against the following described real property:

Lot 5 in the Subdivision of Lots 73, 74. 75 and 76 in Spafford & Fox's Subdivision of the Northeast 1/4 of the Northeast 1/4 of the Southeast 1/4 of Section 13, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illino's. Commonly known as: 623 South Campbell, Chicago, Illinois

| Principal Meridian, in Cook County, Il<br>60612.<br>P.I.N. 16-13-403-020-0000. | llinois. Commonly known as: 623 South Campbell, Chicago, Illinois   |
|--|---|
|  | 'C  |
|  | 4hx   |
|  | <i>Y</i> C/   |
| Dated <u> </u>   | Thomas Siglik to  |
| AUTH   | IORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS   |
| State of Illinois  | Illinois Dept. of Healthcare and Family Services Bureau of Collections Technical Recovery Section                                 |
| County of Cook   | 32 West Randolph St., 13th Floor  |
|  | Chicago, Illinois 60601-3412<br>WHYN, Notary Public do hereby certify that Thomas Sajdak, as                                      |
|  | Bureau of Collections, Technical Recovery Section in the  |
| Department of Healthcare and Famil   | y Services, personally known to be the same person whose name is ent, appeared before me this day in person and acknowledged that |
|  | s required by law, for the uses therein set forth.  |
| **************************************   | required by larly for the door more the extreme   |

Given under my hand and seal this

**Notary Public** 

IL478-2317

Box 348

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

(SEAL)

HFS 233 (R-10-2006)