UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

CERTIFICATE OF RELEASE OF LIEN



Doc#: 0916635162 Fee: \$38.00

Eugene "Gene" Moore

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

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

Notice is he exy 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 Farrily 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:

CLAUDETTE LEWIS

91-200-793805

IL478-2317

Dated 09/09/2004, and recorded in, Cook County, State of Illinois, on 09/15/2004, under Document No. 0425942000 against the following described real property:

Lot 39 in Block 1 in the Subdivision of Placks 13 and 14 in Constance, a Subdivision of the East 1/2 of the South West 1/4 of Section 36, Township 38 North, Range 14, East of the Thrid Principal Meridian, in Cook County, Illinois. Commonly known as: 8523 S. Cregier Ave., Chicago, IL 60617-2224 P.I.N. 20-36-320-010-0000

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Dated 6-8-2009		Thomas Saidak	1.0	
	AUTHORIZE	ED REPRESENTA/TIVE, E	BUREAU OF COLLS	CTIONS
		Tilinois Dept. of Healthcare and	· 	Sc
State of Illinois	}	Family Services Bureau of Collections		
) } SS	Technical Recovery Section		Ö
County of Cook	}	32 West Randolph St., 13th Flo	or	
5-1-1/1/10	Duna 10 11	Chicago, Illinois 60601-3412	an acrific that Tham	on Caidale an
an Authorized Representativ	e of the Burea	_, Notary Public do herel u of Collections Technica		
Department of Healthcare a				
subscribed to the foregoing				
she/he signed the said instru				
\$*******	·····			
§ OFFICIAL:		Given under my ha	and and seal this	<i>n</i> .
₹ ESTELL HAR	:DIMAN ₹	OK day of	Juni	AD 1009

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NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES.01/21/11

(SEAL)

HFS 233 (R-10-2006)