UNOFFICIAL CC

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

JX] INITIAL LIEN [] RENEWAL

DATE OF INITIAL LIEN



Doc#: 1001535086 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 01/15/2010 11:08 AM Pg: 1 of 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 (e3 estate, to-wit:

Unit Number 203 in Ridgemsor Estates Condominium IV as Delineated on a Survey of the following described real estate: Lot 29 in Dunning Estates being a Subdivision in the South East 1/4 of Section 18, Township 40 North, Range 13 East of the Third Principal Meridian, which survey is attached as Exhibit "B" to the Declaration of concominium recorded as Document 90418810 together with its undivided percentage interest in the common elements all in Cook County, Illinois.

Property Address: 6460 W Belle Plaine Ave, Chicago, IL 60634

PIN: 13-18-410-029-0000

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

CLIENT NAME: MARTHA MCLEOD

CASE ID #: 91-057-044280

ADDRESS: Alden Long Grove Rehab, Box 2308 RFD Old Hicks Rd Long Grove, IL 60047-8348

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 lich in accordance with statutory provisions.

DATE: 1-14-2010

BUREAU OF COLLECTIONS AUTHORIZED REPRESENTAT

State of Illinois

County of Cook

Family Services Bureau of Collections

Technical Recovery Section 32 West Randolph St., 13th Floor

Illinois Dept. of Healthcare and

Chicago, Illinois 60601-3412 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.

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

Given under my hand and seal this

day of _g

Notary Públi

HFS 237 (R-10-2006)

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