## UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

Doc#: 1010541042 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 04/15/2010 10:53 AM Pg: 1 of 1

[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 (e.e.) estate, to-wit:

Unit Number 3-5-810-2514 ir, true Westchester Woods Condominium as delineated on a Survey of the following described tract of lar.d: certain lots in Westchester Woods, being a subdivision of that part of the South half of the Southwest Quarter of the Northeast Quarter of Section 30, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "C" to the declaration of Condon iniu n recorded as document number 00419058 as amended from time to time, together with its undivided percentage interest in the common elements in Cook County, Illinois.

Property Address: 2514 Camberley Circle, Westchester, IL 60514

PIN: 15-30-209-002-1015

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

CLIENT NAME: ROBERT KAMPF

CASE ID #: 91-030-077590

ADDRESS: Lexington Hithcare Ctr, 2100 S Finley Road, Lombard, 11 60148-4893

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: 4-9-2010

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

Family Services
Bureau of Collections
Technical Recovery Section
32 West Randolph St., 13th Floor

Illinois Dept. of Healthcare and

County of Cook

Chicago, Illinois 60601-3412 \_, Notary Public do hereby certify that Thomas Sajdak, as of Collections, Technical Recovery Section in the

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

Notary Public

HFS 237 (R-10-2006)

IL478-0208