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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

CERTIFICATE OF RELEASE OF LIEN

Doc#: 1032133091 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 11/17/2010 11:25 AM Pg: 1 of 1

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

(SEAL)

HFS 233 (R-10-2006)

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, for and in consideration of \$69,046.97, do hereby release the lien for assistance as checked above, which was paid to or on behalf of:

MARIA O. PITRE

91-200-783057

Dated 08/04/2009, and recorded in, Cook County, State of Illinois, on 08/17/2009, under Document No. 0922935106 against the following described real property:

Lot 34 in Block 4 in C.E. Woolleys Subdivision 7 1/2 acres East and Adjoining the West 17 1/2 Acres of the North East 1/4 of Section , Township North, Range , East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 2172 N Talman, Chicago, Illinois 60647 P.I.N. 13-36-215-023-0000

P.I.N. 13-36-215-023-0000	4	
	40	
	- Car	
Dated 11-5-2010	AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS	
, 		
State of Illinois	} Illinois Dept. of Healthcare and Family Services	
	SS Bureau of Collections Technical Recovery Section	
County of Cook	32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412	
an Authorized Penrocentative of	Notary Public do hereby certify that Thomas Sajdak, if the Bureau of Collections, Technical Recovery Section in the	as
Department of Healthcare and I	Family Services, personally known to be the same person whose na	me is
subscribed to the foregoing inst	rument, appeared before me this day in person and acknowledged t	that
Silente signed the said instrume	ent as required by law, for the uses therein set forth.	
OFFICIAL SEAL	Given under my hand and seal this	,
ESTELL HARDIMAN NOTARY PUBLIC - STATE OF IL	LINOIS \ day of \ \ \tag{0 \supplies. A.D., \ \alpha}	M
MY COMMISSION EXPIRES:01	21/11 \ Y Stall Hail	. M

Box 348

Notary Public

IL478-2317