UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN

Doc#: 1034904073 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 12/15/2010 10:50 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 describer: real estate, to-wit:

Lot 240 in Matteson Highlands, Unit No. 2, being a Subdivision in the Northeast 1/4 of Section 22, Township 35 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, (except that part of said Northeast 1/4 lying South of the Southerly line iof Outlot "B" in Matteson Highlands Unit No. 1, as per Plat thereof recorded August 22, 1963 in Book 647 Page 9 Document 18892127 in Cook County, Illinois. Commonly known as 41:13 Pinewood Lane, Matteson, Illinois 60443 P.I.N. 31-22-212-001-0000

Α	. legal	or	equi	tab	le in	terest	in	said	d	escribe	ed	real	esta	te is	; O	wned	by	<i>[</i> :
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CLIENT NAME: MICHAEL HAWKINS

CASE ID #: 91-200-959931

ADDRESS: Applewood Nrsg/Rehab, 21020 Kostner Ave, Mateson, IL 60443

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: 12.7-2010	Thomas Avidale
	AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS
_ 	
	} Family Services
State of Illinois	Bureau of Collections
	SS Technical Recovery Section
County of Cook	32 West Randolph St., 13th Floor
• /	Chicago, Illinois 60601-3412
1 6476 // 40	PD (MAIn) Notary Public do hereby certify that Thomas Saidak, as

1, ARDIMAN 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
(SEAL)

Given under my hand and seal this

Notary Public

Notary Fut

HFS 237 (R-10-2006)

IL478-0208