UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

1183133867

Doc#: 1103133067 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 01/31/2011 10:57 AM Pg: 1 of 1

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 real estate, to-wit:

Lot 5 in Block 3 in Town improvement Corporation's Des Plaines Countryside, a Subdivision in the West 1/2 of the Southeast 1/4 of Section 33, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 2049 Sunset Drive, Des Plaines, Illinois 60016 P.I.N. 09-33-409-005-0000

F.1.14. 09-00-403-000-0000		
	4	
A legal or equitable interest in said desc	cribed real estate is owned by:	
CLIENT NAME: ANN SCHRANZ	CASE ID #: 91-200-9	<u>69002</u>
ADDRESS: Lee Manor Nrsg Home, 130	M1 Lee Street Des Plaines II 60016	
		olo V
This lien is claimed for all assistance pa	aid to or on behalf of said client, under Article III and/or Arti	CIE V
	payments made to preserve the said lien in accordance with) I
statutory provisions.		
1 /		
DATE: 1/21/20//	Introp DEDDEOSMEATIVE DUDEALLOS COLLECTIONS	
AUTHOR	RIZED REPRESENTATIVE, BUREAU OF COLLECTIONS	
	Illinois Dept. of Healthcare and	- -
Otata of Illinois	Family Services	
State of Illinois	SS Bureau of Collections	
	lechnical Recovery Section	
County of Cook	32 West Randolph St., 13th Floor	,
LETEIL HADDIMA	Chicago, Illinois 60601-3412 Notary Public do hereby certify that Thomas Sajdal	k, as
an Authorized Representative of the Bu	ureau of Collections, Technical Recovery Section in the	
	Services, personally known to be the same person whose r	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:01/21/15
(SEAL)

Given under my hand and seal this day of **Samuon**

Notary Public

HFS 237 (R-10-2006)

IL478-0208