UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN [] RENEWAL

Doc#: 1104633110 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 02/15/2011 11:10 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 Fa nily Services, and my successors in office, hereby claim and intend to hold a lien on the following describe direal estate, to-wit:

Lot 25 in Block 4 in Archer addition to Chicago in Section 28, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 310 W. 23rd Place, Chicago, Illinois 60616

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P.I.N. 17-28-212-016-0000

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

CLIENT NAME: MAY DENG

91-200-<u>857732</u> CASE ID #:

ADDRESS: St Agnes Rehab, 1725 South Wabash, Chicago, 1L 60616-1239

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: 2-8-2011

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

County of Cook

Illinois Dept. of Healthcare and Family Services

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Bureau of Collections Technical Recovery Section

32 West Randolph St., 13th Floor

Chicago, Illinois 60601-3412

WHAN, 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 LLINGIS MY COMMISSION EXPIRES:01/21.15 (SEAL)

Given under my hand and seal this

day of

HFS 237 (R-10-2006)

IL478-0208