## **UNOFFICIAL COP**

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN []RENEWAL

DATE OF INITIAL LIEN



Doc#: 1116604096 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 06/15/2011 11:09 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 Fainil Services, and my successors in office, hereby claim and intend to hold a lien on the following describe a real estate, to-wit:

Lot 1700 in Woodland Heights Unit 4, being a Subdivision in Sections 23 and 24, Township 41 North, Range 9, East of the Third Frincipal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook Courty Illinois, on July 14, 1960 as Document No. LR1931799, in Cook County, Illinois

Property Address: 310 Villa Road, Streamwood, IL 61007

PIN: 06-23-215-051-0000

A legal or equitable interest in said described real estate is owned by CASE ID #: 93-106-017014 COUNTY OF RESIDENCE: 106 CLIENT NAME: AUDREY FRANCZKOWSKI

ADDRESS: Pleasant View Rehab HCC, 500 North Jackson Street, Morrison, IL 61270-9802

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: 6-14-2011 AUTHORIZED REPRESENTATIV**E**, BUREAU OF

State of Illinois

Bureau of Collections 312-793-3529 **Technical Recovery Section** 32 West Randolph St., 13th Floor County of Cook Chicago, Illinois 60601-3412

1. ESTE // HARD/MAN), 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** COMMISSION EXPIRES:01/21/15

Given under my hand and seal this day of

Minois Dept. of Healthcare and

**Family Services** 

HFS 237 (R-10-2006)

IL478-0208