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#: 1118126121 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 06/30/2011 10:53 AM Pg: 1 of 1

Notice is hereby given that I. Thomas Saidak, 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 describe the estate, to-wit:

The West 30 feet of Lot 2? and the East 30 feet of Lot 24 in Block 1 in Lyndale Garden, being a Subdivision of the North 20 acres of the South 40 acres of East 1/2 of the Northeast 1/4 of Section 32, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 10439 W. Palmer Ave., Melrose Park, Illinois 60164 P.I.N. 12-32-206-058-0000

A legal or equitable interest in said described real estate is cwned by CASE ID #: 91-200-965849

CLIENT NAME: SHIRLEY PASKO

COUNTY OF RESIDENCE: 200

ADDRESS: Norridge Healthcare/Rehab, 7001 W Cullom, Norridge, IL 60706

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 20 2011

County of Cook

AUTHORIZED REPRESENTATIVE! BUREAU OF

State of Illinois

Family Services

312-793-3529

SS

Bureau of Collections Technical Recovery Section

Minois Dept. of Healthcare and

32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412

, 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:01/21/15

Given under my hand and seal this

O day of

HFS 237 (R-10-2006)

IL478-0208