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

CERTIFICATE OF RELEASE OF LIEN



Doc#: 1125840187 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/15/2011 11:00 AM Pg: 1 of 1

FOR [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE

Notice is hereby given that I, Thomas Sajdak, acting in my official capacity as an Authorized Representative of tre Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, for and in consideration of \$33,695.80, do hereby release the lien for assistance as checked acove, which was paid to or on behalf of:

CASE NAME: ROBERT KAMPF

CASE ID#: 91-030-077590

COUNTY OF RESIDENCE: 030

Dated 04/15/2010, and recorded in Cook County, State of Illinois, on 04/15/2010, under Document No. 1010541042 against the following described real property:

Unit Number 3-5-810-2514 in the Westchester Woods Condominium as delineated on a Survey of the following described tract of land: certain lots in Westchester Woods, being a subdivision of that part of the South half of the Southwest Quarter of the Cortheast Quarter of Section 30, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "C" to the declaration of Condominium recorded as document number 00419058 as amended from time to time, together with its undivided percentage interest in the common elements in Cook County, Illinois.

Property Address: 2514 Camberley Circle, Westchester, IL 60514

PIN: 15-30-209-002-1015

Dated 8 31 2011	AUTHORIZE	Thomas Sajdak ED REPRESENTATIVE, BUREAU OF CO'LLECTIONS
State of Illinois	} } } SS	Illinois Dept. of Healthcare and Family Services Bureau of Collections 312-793-3529 Technical Recovery Section
County of Cook	}	32 West Randolph St., 13th Floor
I, <u>ESTE</u> // HARD an Authorized Representative	MAN	Chicago, Illinois 60601-3412, Notary Public do hereby certify that Thomas Sajdak, as u of Collections, Technical Recovery Section in the
Department of Healthcare ar subscribed to the foregoing i	nd Family Servi instrument, app	ces, personally known to be the same person whose name is eared before me this day in person and acknowledged that ed by law, for the uses therein set forth.

OFFICIAL SEAL ESTELL HARDIMAN **NOTARY PUBLIC - STATE OF ILLINOIS** MY COMMISSION EXPIRES:01/21/15

HFS 233 (R-10-2006)

Given under my hand and seal this

day of

demoun **Notary Public**

IL478-2317