UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN

[] RENEWAL



Doc#: 1128640087 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 10/13/2011 11:31 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 leal estate, to-wit:

The South 152 feet of a trac' of land in the Southeast 1/4 of Section 25, Township 36 North, Range 14, East of the Third Principal Meridian, described as follows: beginning at a point in the South line of said Southeast 1/4 of Section 25, Township 36 North, Range 14, East of the Third Principal Meridian, 924 feet East of the Southwest corner of said Southeast 1/4 thence East along said South line of said Southeast 1/4, a distance of 132 feet to a point; thence North along a straight line which makes an angle of 89degrees, 43' when turned from the West to North a distance of 330 feet to a point thence West along a line 330 feet North and parallel with said line of Southeast 1/4 distance of 132 feet thence South along a straight line 330 feet to a beginning all in Cook County, Illinois. Commonly known as: 17751 Bock Road, Lansing, Illinois 60438-1703 P.I.N. 29-25-400-048-0000

A legal or equitable interest in said described real estate is cwned by CASE ID #: 91-200-974697

CLIENT NAME: EMMA DALSANTO

COUNTY OF RESIDENCE: 200

ADDRESS: Glenwood Healthcare/Rehab, 19330 S Cottage Grove Ave, Glenwood, IL 60425 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: 10/12/2011 / homina Sackho AUTHORIZED REPRESENTATIVE, BUREAU OF COLI ECTIONS | |
|--|-------|
| AUTHORIZED REFILESENTATIVE, BONEAGO STORE | |
| Minois Dept. of Healthcare and | |
| State of Illinois Family Services Bureau of Collections 312-793-3529 | |
| SS Technical Recovery Section 32 West Randolph St., 13th Floor |) |
| Chicago Minnio 60601 3412 | |
| I, ARD MAN, Notary Public do hereby certify that Thomas Sajda an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the | k, as |
| an Authorized Representative of the Bureau of Collections, Technical Recovery Section III 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 acknowled | jed |
| 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 setal this

12 day of Catalon, A.D., 20

Estat American

Notary Public

HFS 237 (R-10-2006)

IL478-0208