UNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN [] RENEWAL

1132033088 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 11/16/2011 11:23 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 less estate, to-wit:

UNIT 50-5 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE CUNTRY HOMES AT COBBLER'S CROSSING, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 89-516805 AS AMENDED FROM TIME TO TIME, LOCATED IN COBBLER'S CROSSING UNIT 5, BEING A SUBDIVISION IN THE SOUTH 1/2 OF SECTION 7, TOWNSHIP 41 NORTH , RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT NUMBER 89-328813 IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 1067 WOODHILL COURT, ELGIN, IL 60120

PIN: 06-07-400-012-1115

A legal or equitable interest in said described real estate is owned by CASE ID #: 03-114-057642 COUNTY OF RESIDENCE: 053

CLIENT NAME: MICHAEL NEKYHA

ADDRESS: 1067 Woodhill Ct, Elgin, IL, IL 60120-5119

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: AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

Illinois Dept. of Healthcare and Family Services 312-793-3529 **Bureau of Collections**

Technical Recovery Section 32 West Randolph St., 13th Floor

County of Cook

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 his **1 Ø** dav of **∧**

Notary Public

HFS 237 (R-10-2006)

IL478-0208