UNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN [X] RENEWAL



1132033095 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 11/16/2011 11:26 AM Pg: 1 of 2

DATE OF INITIAL LIEN [1/31/2007]

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 resi estate, to-wit:

Unit 1404-2-D, as delineated on Plat of Survey of all or portions of one or more Lots in Survey Park Planned Development, a Subdivision in Section 8, Township 41 North, Range 11 East of the Third Principal Meridian, in Cook County, Minois; which Plat of Survey is attached as Exhibit 'D' to Declaration of Condominium made by National Boyle ard Bank of Chicago, a National Banking Association, as Trustee under Trust Agreement dated June 25, 1973 as known as Trust Number 4813, recorded in the Office of the Recorder of Deeds of Cook County, Illinois as Document Number 22889749; together with a percentage of the common elements appurtenant to said Unit as set forth in said Declaration, as amended from time to time, which percentage s rall automatically change in accordance with amended Declarations as same are filed of record pursuant to said Declaration, and together with additional common elements as such amended Declarations are filed of record, in the percentages set forth in

A legal or equitable interest in said described real estate is owned by CASE ID #: 91-057-040456 COUNTY OF RESIDENCE: 057 CLIENT NAME: LORRAINE MACK

ADDRESS: Claremont Rehab & Liv Ctr, 150 North Weiland Road, Buffalo Grove, IL 60089-7047 This lien is claimed for all assistance paid to or on behalf of said clier, 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. AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS Illinois Dept. of Healthcare and **Family Services** 312-793-3529 State of Illinois **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 ~~~48544~~~

Given under my hand and seal _day of

HFS 237 (R-10-2006)

IL478-0208

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Property Description Continuation Page for LORRAINE MACK; Case ID: 91-057-040456

such amended Declarations, which percentages shall automatically be deemed to be conveyed effective on the recording or each such amended Declaration as though conveyed hereby in Cook County, Illinois.

Commonly known as: Unit 2D, 1404 S. New Wilke Road, Arlington Heights, IL 60005 PIN: 08-08-401-059-1032

it 2D, 14u.

2 y Or Cook County Clark's Office