UNOFFICIAL COPY

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

CERTIFICATE OF RELEASE OF LIEN



Doc#: 1213612177 Fee: \$40.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/15/2012 11:49 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 the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, for and in consideration of \$39,673.64, do hereby release the lien for assistance as checked above, which was paid to or on behalf of:

CASE NAME: MAVIS HARVEY

CASE ID#: 91-200-974633

COUNTY OF RESIDENCE: 200

IL478-2317

Dated 10/12/2011, and recorded in, Cook County, State of Illinois, on 10/13/2011, under Document No. 1128640090 against the following described real property:

Lot 41 in James Edward's Construction Corpany's Cambridge Unit Number 2, a Subdivision of the Northeast 1/4 of Section 34, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4036 17 /th Street, Country Club Hills, Illinois 60478-4858 P.I.N. 28-34-218-026-0000

P.I.N. 28-34-218-026-0000	
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Dated 4-25-2012 _	Thomas Ogidak
	AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS
	Illinois Dept. of Healthcare and
State of Illinois	Family Services Bureau of Collections 312-793-3529
	SS Technical Recovery Section
County of Cook	32 West Randolph St. 13th Floor
KSIE / SUND	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	d Family Services, personally known to be the same person whose name is strument, appeared before me this day in person and acknowledged that
subscribed to the foregoing in	nent as required by law, for the uses therein set forth.
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OFFICIAL SEA ESTELL HARDIM	
NOTARY PUBLIC - STATE (	OF ILLINOIS \$
MY COMMISSION EXPIRE	S.01/21/15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(SEAL)	Notary Public
(OLAL)	· ·

**Box 348** 

HFS 233 (R-10-2006)