## **UNOFFICIAL COPY**

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

**CERTIFICATE OF RELEASE OF LIEN** 



Doc#: 1235233087 Fee: \$40.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/17/2012 11:05 AM Pg: 1 of 1

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

Notice is hereby given that I, George Luetkemeyer, acting in my official capacity as an Authorized Representative of the Sureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, for and in consideration of \$0.00, do hereby release the lien for assistance as checked above, which was paid to or on behalf of:

CASE NAME: ESTELLE COOPER

CASE ID#: 91-200-770202

COUNTY OF RESIDENCE: 200

Dated 05/29/2011, and recorded in, Cook County, State of Illinois, on 07/29/2011 and 12/13/2001 and 9/15/2006, under Document No. 1121012105 and 0011182304 and 0625805130 against the following described real property:

Lot 41 in Block 11 in the Subdivision of Blocks 5, 6, 7, 10, 11, and 15 in O'Dell's Addition to Euclid Park, a Subdivision of the East 1/2 of the Northwest 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois Commonly known as: 9615 South Parnell, Chicago, Illinois 60628-1135.

P.I.N. 25-09-113-006-0000	
Dated Dec (0,201) Leong Luttemany	
AUTHORIZED REPRESENTATIVE, BUREAU OF COLI ECTIONS	- <b>-</b>
State of Illinois  Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor	
County of Cook } Chicago, IL 60607-3800	
I, Local Markey Markey Notary Public do hereby certify that George Luetkems 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 na subscribed to the foregoing instrument, appeared before me this day in person and acknowledged to she/he signed the said instrument as required by law, for the uses therein set forth.	ame is
Given under my hand and seal this  OFFICIAL SEAL  Oday of Disease A.D. 2	<b>,</b>

HFS 233 (R-10-2006)

**ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/15 ~~~\@\\\

IL478-2317