UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

CERTIFICATE OF RELEASE OF LIEN

[62558] &:4

Doc#: 1625901084 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 09/15/2016 11:36 AM Pg: 1 of 2

FOR: MEDICAL AND/OR CASH ASSISTANCE

Notice is hereby give 1 that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Bureuu of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, for and in consideration of \$63,046.90, do hereby release the lien for medical and/or cash assistance, which was paid to or on behalf of:

CASE NAME: MINNIE BURGER

CASE ID#: <u>91-200-000846083</u> COUNTY OF RESIDENCE: **200**

Dated 06/25/2015, and recorded in, Cook County, State of Illinois, on 07/17/2015 and 11/16/2005 and 9/15/2010, under Document No. 1519842030 and 0532027156 and 1025841059 against the following described real property.

The validity of this release is contingent upon the check clearing the bank.

Unit 104 in Celtic Arms Condominium, as delineated on a survey of the following described Real Estate: Lots 16, 17, 18, 19, & 20 in Block % in J.S. Hovland's Kedzie Avenue Subdivision of the West 1/2 of the West 1/2 of the Northwest 1/4 of the Northwest 1/4 in Section 24, Township 37 North, Range 23, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as document number 93166501, Together with its undivided percentage interest in the commonl elements. Also Cogether with the exclusive right to the use of Garage Unit 104, A limited common element as delineated on the Survey attached to the Declaration aforesaid, recorded as Document number 3166501, in Cook Cookty, Illinois, Commonly

Dated 8-25-2016

AUTHORIZED REPRESENTATIVE, BUREAU OF COLL ECTIONS

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800

Notary Public do hereby certify that Estell Hardiman, as

I, BESSEER. SMANGE Notary Public do hereby certify that Estell Hardiman, 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
BESSIE R MANUEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/09/16

HFS 233 (R-10-2006)

Given under my hand and seal this

25 day of Qugust, A.D.,

Notary Public

IL478-2317

1625901084 Page: 2 of 2

UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

CERTIFICATE OF RELEASE OF LIEN

> MEDICAL AND/OR **CASH ASSISTANCE**

Property Description Continuation Page for MINNIE BURGER; Case ID: 91-200-000846083

known as: 11133 S. Kerkaia, Unit 104, Chicago, Illinois 60655-2337

P.I.N. 24-24-100-053-1004

Unit 10.