UNOFFICIAL COP

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

CERTIFICATE OF RELEASE OF LIEN



Doc# 1804612028 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/15/2018 10:56 AM PG: 1 OF 1

FOR: MEDICAL AND/OR CASH ASSISTANCE

Notice is hereby given that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Fureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, for and in consideration of \$5,000.00, do hereby release the lien for medical and/or cash assistance, which was paid to or on behalf of:

CASE NAME: NANCY CHALMERS

CASE ID#: 93-213-000624780 COUNTY OF RESIDENCE: 213

Dated 10/12/2012, and recorded in, Cook County, State of Illinois, on 08/23/2017 and 12/17/2007 and 10/16/2012, under Document No. 1723504110 and 0735126031 and 1229033057 against the following described real property.

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

Lot 11 in Block 2 in West Morgan Subdivision of the East 1/2 of the Northwest 1/4 of Section 23, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 11115 S. Albany Avenue, Chicago, Illinois 60055 P.I.N. 24-24-102-010-0000

		C
Dated 1/24/3018 ALL	THORIZET	DREPRESENTATIVE, BUREAU OF COLLECTIONS
State of Illinois	} } } SS	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, <u>BESSZE R. MANUE</u> an Authorized Representative of the		, Notary Public do hereby certify that Estell Hardiman, as 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:01/05/21

24th day of -

Given under my hand and seal this

IL478-2317

HFS 233 (R-10-2006)