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RASHELLE HOBBS
RECORDER, SALT LAKE COUNTY, UTAH
UT ST-DEPT OF HUMAN SERVICES
OFFICE OF RECOVERY SERVICES
PO BOX 45025
SLC UT 84145-9911
BY: ZHA, DEPUTY - MA 1 P.

When recorded, mail copy to:
Office of Recovery Services
Bureau of Medical Collections
Attn: Aimee Mansfield
C/O 515 E 100 S
PO Box 45025
Salt Lake City, UT 84145-0025

PARCEL I.D. #: 21-35-151-002-0000

NOTICE OF STATUTORY LIEN

Office of Recovery Services/Bureau of Medical Collections

The undersigned, for and on behalf of the Office of Recovery Services/Bureau of Medical Collections, pursuant to the provisions of 26-19-405, Utah Code Annotated 1953, as amended, asserts a lien in the sum of \$28,937.61 against the real property located in SALT LAKE County, State of Utah, to wit:

COM 1022.25 FT N FR W 1/4 COR SEC 35 T 2S R 1W SL MER N 70 FT E 166 FT S 70 FT W 166 FT TO BEG 0.27 AC
5431-0982 5635-0835, 5977-2911

Property Address: 7993 S TEMPLE DR, SALT LAKE CITY, UT 84088
Property Owner: FOUTZ, MARIE; ET AL

Dated this 24th day of June, 2021.



Aimee Mansfield
Office of Recovery Services
Bureau of Medical Collections
Telephone: (801) 536-8798
Extension: 14699
Fax Number: (801) 536-0377
E-mail: aimeemansfield@utah.gov

State of Utah
s
County of Salt Lake

On this 24th day of June, in the year 2021, before me Annamarie Trivino
Notary Name

a notary public, personally appeared Aimee Mansfield,
Document Signer

proved on a basis of satisfactory evidence to be the person whose name is subscribed to in this document, and acknowledged he/she executed the same.

Notary Seal:
Annamarie Trivino
Notary Signature

