

When recorded, mail copy to:
Office of Recovery Services
Bureau of Medical Collections
Attn: Faline H Iorg
PO Box 45025
Salt Lake City, UT 84145-0025

PARCEL I.D. #: 22173290110000

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11/14/2024 04:14 PM By: zjorgensen Fees: \$0.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: DEPARTMENT OF HEALTH & HUMAN SERVICES MEDICAID SECTION
PO BOX 45025 SALT LAKE CITY, UT 841450025



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 U.C.A. 26B-3-1013, Utah Code Annotated 1953, as amended, asserts a lien in the sum of \$14,468.59 against the real property located in SALT LAKE County, State of Utah, to wit:

LOT 31, BIRCHWOOD ESTATES & COM AT SW COR SD LOT 31, N 3^58'41" W 127.57 FT; E'LY ALG CURVE TO LEFT 9 FT; S 128.57 FT TO BEG. 4954-0761 5289-0747,0749 5655-1837 8318-6943

Property Address: 976 E HYLAND LAKE DR, MURRAY, UT 84121
Property Owner: MARY F TRACY, TTEE OF THE MARY FRANCES LIVING TRUST

Dated this 12 day of November, 2024

Faline H Iorg
Office of Recovery Services
Bureau of Medical Collections
Telephone: (801) 536-8798
Extension: 14709
Fax Number: (801) 536-0377
E-mail: fiorg@utah.gov

State of Utah
§
County of Salt Lake

On this 12th day of November, in the year 2024, before me Heidi Treadwell,
Notary Name

a notary public, personally appeared Faline Iorg,
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:

Notary Signature

