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

14335930 B: 11544 P: 7931 Total Pages: 1  
01/15/2025 11:11 AM By: csummers Fees: \$0.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF RECOVERY SI  
PO BOX 45025 SALT LAKE CITY, UT 84145



PARCEL I.D. #: 27-12-277-008-0000

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 U.C.A. 26B-3-1013, Utah Code Annotated 1953, as amended, asserts a lien in the sum of \$24,012.51 against the real property located in SALT LAKE County, State of Utah, to wit:

LOT 17, ALTA VIEW ESTATES #2 . 6288-0932 8312-6902 8335-03398614-3031 10445-6964,6966,6968 10534-3184

Property Address: 162 W ALTA VIEW WY, SANDY, UT 84070  
Property Owner: HAKANSON FAM REV TR CAMERON, LAURA; TR

Dated this 13 day of January, 2025.

James Hunter-Davis  
Office of Recovery Services  
Bureau of Medical Collections  
Telephone: (801) 536-8798  
Extension: 14580  
Fax Number: (801) 536-0377  
E-mail: jhunterdavis@utah.gov

State of Utah  
§  
County of Salt Lake

On this 13th day of January, in the year 2025, before me Heidi Treadwell  
Notary Name

a notary public, personally appeared James Hunter Davis  
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:  
Heidi Treadwell  
Notary Signature

