## JNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN

[ ] RENEWAL

DATE OF INITIAL LIEN ]



Doc#: 0603127036 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 01/31/2006 11:28 AM Pg: 1 of 1

Notice is hereby given that I, Warren Cottrell, acting in my official capacity of Local Office Administrator for the County of Cook, State of Illinois, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Lot 26 (except the Scuth 17-1/2 feet thereof) and the South 3 feet of Lot 27 in Block 1 in the Subdivision of Block 8 in Carolin's Suprivision of the West 1/2 of the South East 1/4, of Section 25, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois and the South 54 feet of the North 132 feet of the East 150.75 feet of the South half of Block 8 in Jennings and Moffett's Subdivision of the South 60 acres or the East half of the South in South West 1/4 of Section 10, Township 38 North, Range 14, East of the Third Principal Meridian, (except from said South 54 feet, the South 2 inches thereof in Cook County, Illinois. Commonly known as: 7815 South Merrill Ave., Chicago, Illinois 60649-5010 P.I.N. 20-25-427-004-0000

A legal or equitable interest in said described real es at is owned by:

CLIENT NAME: ODESSA RODGERS

ADDRESS: Renaissance, 2425 E. 71st St., Chicago, IL 600/2-2612

This lien is claimed for all assistance paid to or on behalf of salu client, under Article III and/or Article V of the Illinois Public Aid Code, and for payments made to preserve the said lien in accordance with statutory provisions.

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LOCAL OFFICE ADMINISTRATOR

State of Illinois

County of Cook

Chicago, Illinois 60601-3412 , Notary Public do hereby certify that Warren Cottrell, Local Office Administrator, 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 ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 01-21-07

(SEAL)

Given under my hand and seal this

Illinois Dept. of Healthcare and

**Technical Recovery Section** 32 West Randolph St., 13th Floor

**Family Services Bureau of Collections** 

30 day of

CASE ID #:

Notary Public

HFS 237 (R-3-2000)

IL478-0208

91-200-861002

Box 348