UNOFFICIAL C

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL



Doc#: 0724226233 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 08/30/2007 03:41 PM Pg: 1 of 1

DATE OF INITIAL LIEN [12/24/1997]

Notice is hereby given that I, Linda Shumate, Acting, acting in my official capacity of Department of Human Services (DHS) 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 39 and 40 in Biocl. 2 in Boulevard Addition to Harvey, a Subdivision of the East 1/2 of the Northwest 1/4 of the Southeast 1/4 of Section 18, Township 36 North, Range 14, East of the Third Principal Meridian, in the Village of Harvey, Cook County, Illinois, and commonly known as 15525 Lincoln Ave., Harvey, Illinois, 60426-3535. PIN: 29-18-402-051-0000

Coop
A legal or equitable interest in said described real estate is owned by:
A legal or equitable interest in said described real estate is owned by:

CLIENT NAME: OLIVIA PUGHSLEY

CASE ID #: 91-200-724769

ADDRESS: Imperial Nursing Home, 3300 W. 175th Street, Hazal Crest, IL 60429-1604

This lien is claimed for all assistance paid to or on behalf of said 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.

DATE: <u>0/30/07</u>

DHŚŁOCAL OFFICE ADMINISTRATOR

- - - Of Healthcare and Family Services

State of Illinois

Bureau of Collections
Technical Recovery Section
32 West Randolph St., 13th Floor

County of Cook

Chicago, Illinois 60601-3412
_____, Notary Public do hereby certify that Linda Shumate, ersonally known to be the same person whose name is

Acting, DHS 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:01/21/11

Given under my hand and seal this

30 day of <u>AUGUST</u>

Notary Public

HFS 237 (R-3-2000)

IL478-0208