STATE OF ILLINOIS UNDER THE ALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

Doc#: 0806040098 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 02/29/2008 10:45 AM Pg: 1 of 1

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN
[]

Notice is heleby given that I, Linda Shumate, Acting, 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 length the following described real estate, to-wit:

Lot 2 in Block 2 in Forest Manor a Subdivision of the South 40 Acres of the East half (1/2) of the Southeast fractional quarter (1/4) South of the Indian Boundary Line of Section 6, Township 36 North, Range 14, East of the Thi d Principal Meridian, in Cook County, Illinois. Commonly known as: P.I.N. 29-06-426-025-0000

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

CLIENT NAME: LILLIE SMOOT

CASE ID #: 91-200-757105

ADDRESS: Glenwood Hithcare & Rehab, 19330 Cottage Grcvc, Glenwood, IL 60425

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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:

OCAL OFFICE ADMINISTRATOR

State of Illinois

SS

County of Cook

Acting, 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.

Given under my hand and seal this

day of

- A.D..

(SEAL)

HFS 237 (R-10-2006)

IL478-0208