## **UNOFFICIAL COP'**

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN []RENEWAL

DATE OF INITIAL LIEN



Doc#: 1121012098 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 07/29/2011 10:57 AM Pg: 1 of 1

Notice is hereby given that I, Thomas Sajdak, acting in my official capacity as an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, and my successors in office, hereby claim and intend to hold a lien on the following describe treal estate, to-wit:

Lot Sixteen (16) in Block Five (5) in Fowler and McDaniels Subdivision of the South West Quarter (1/4) of the South West Quarter (1/4) of Section Thirteen (13), Township Forty-one (41) North, Range Thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 1427 Fowler Avenue, Evanston, IL 60201-3906

PIN: 10-13-314-003-0000

A legal or equitable interest in said described real estate is owned by CASE ID #: 91-030-081496 COUNTY OF RESIDENCE: 053 CLIENT NAME: LAVERNE STRICKLAND ADDRESS: Aurora Rehab & Liv Ctr, 1601 N Farnsworth Ave, Aurora, IL 60505-1599

This lien is claimed for all assistance paid to or on behalf of said clier t, 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:

AUTHORIZED REPRESENT**AT**IVE. BUREAU OF

**Family Services** 

Illinois Dept. of Healthcare and

Bureau of Collections 312-793-3529

State of Illinois

County of Cook

SS **Technical Recovery Section** 32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412 , Notary Public do hereby certify that Thomas Sajdak, as

an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, 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:01/21/15

Given under my hand and seal this

day of

Notary Public

HFS 237 (R-10-2006)

1L478-0208