UNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL



Doc#: 1121012104 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 07/29/2011 11:03 AM Pg: 1 of 1

DATE OF INITIAL LIEN [1/30/1997]

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 Fartily Services, and my successors in office, hereby claim and intend to hold a lien on the following described salestate, to-wit:

Lot 17. Block 9 in Lincoln Marior West, being a Subdivision in that part of the Southeast 1/4 of the Southeast 1/4 of Section 34, Township 37 North of the Base Line; Range 13, East of the Third Principal Meridian, lying South of a line drawn from a point on the East line of said Southeast 1/4 of the Southeast 1/4, 1070 feet North of the Southeast corner thereof, to a point on the West line of said Southeast 1/4 of the Southeast 1/4, 1198.52 feet North of the Southwest corner of the Southeast 1/4 of the Southeast 1/4 of said Section 34, and the Southwest 1/4 of the Southeast 1/4 of Section 34, Township 37 North, of the Base Line; Range 13, East of the Third Principal Meridian, all in the Township of Worth, County of Cook and State of Illinois. Property Address: 13336 South Kildare, Robbins, IL 60472 P.I.N. 24-34-405-023-0000. Extent of Decedent's interest: 1/2.

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

CLIENT NAME: VELMA COLEMAN

91-218-499637 CASE ID #:

ADDRESS: , 8810 South Burley Apt. D, Chicago, IL 60617-3424

This lien is claimed for all assistance paid to or on behalf of said clier i, ur der 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.

AUTHORIZED REPRESENTATIVES

State of Illinois

Family Services Bureau of Collections 312-793-3529 **Technical Recovery Section**

SS 32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412

Illinois Dept. of Healthcare and

Notary Public do hereby certify that Thomas Sajdak, as an Authorized Representative of the Bureau of Collections, 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

9 day of

HFS 237 (R-10-2006) B

County of Cook

IL478-0208