UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL



Doc#: _1132033086 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 11/16/2011 11:22 AM Pg: 1 of 1

DATE OF INITIAL LIEN

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 described real estate, to-wit:

The South 21 feet of Lot 35 in Gen-Mor Subdivision Unit No. 2, being a subdivision of part of the South 1/2 of the Northeast 1/4 of Section 25, Township 41 North, Range 12 East of the Third Principal Meridian, also Lot 84 (except the South 8 feet thereof) in Milwaukee-Mulford-Harlem Subdivision, in the Northeast 1/4 of Section 25, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 7820 N. Octavia, Niles, iL 50714-2908

PIN: 09-25-218-020-0000

A legal or equitable interest in said described real estate is owned by CASE ID #: 91-030-089613

CLIENT NAME: MARIA MANN

ADDRESS: Lexington Health Care Ctr, 165 S Bloomingdal Rd, Dicomingdale, IL 60108-1434

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: 11 8 2011

AUTHORIZED REPRESENTATIVE, BUREAU OF CULLECTIONS

State of Illinois

State of Illinois Dept. of Healthcare and

Family Services

Bureau of Collections 312-793-3529

Technical Recovery Section

32 West Randolph St., 13th Floor

Chicago, Illinois 60601-3412

Notary Public do hereby certify that Thomas Sajdak, as

Collections Technical Recovery Section in the

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 hard and searthis

Ob day of Appendix A.D. Jo

Notary Public

HFS 237 (R-10-2006)

IL478-0208