## **UNOFFICIAL COPY**

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[ ] RENEWAL



Doc#: 1221333076 Fee: \$40.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 07/31/2012 10:52 AM Pg: 1 of 1

DATE OF INITIAL LIEN

Notice is hereby given that I, George Luetkemeyer, acting in my official capacity as an Authorized Representative or 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:

Lot 1 in Block 4 in Town improvement Corporation's Des Plaines Countryside Unit No. 3, a Subdivision of the East 207 feet of the Southeast 1/4 of the Northwest 1/4 of the Northeast 1/4 of Section 33, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 2710 Scott Street, Des Plaines, Illinois 60018 P.I.N. 09-33-113-001-0000

P.I.N. 09-33-113-001-0000				
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	C,			
A legal or equitable interest in said desc	rihad raal astate is	owned by CASE	ID #: 91-200-98460	<u>3</u>
A legal of equitable interest in said desc CLIENT NAME: <u>JEAN DRABANT</u>	inded real estate it	COUN	TY OF RESIDENCE:	<u> 200</u>
ADDRESS: Villa Scalabrini Rehab, 480	N Wolf Road, Nort	hlake. !L 60164-	1667	
This lien is claimed for all assistance pai of the Illinois Public Aid Code, and for pa	id to or on behalf o	f said clirent, under	r Article III and/or Arti	cle V h
statutory provisions.		Alm wich	41 .	
DATE: AUTOUIAU AUTHORI	ZED REPRESENT	TATIVE, BUREAU	OF COLLECTIONS	
<del>v</del>	_ <del>_</del>	<b>_</b> <del>_</del> _		
State of Illinois	í B	lealthcare and Family S Sureau of Collections		
State of millors		echnical Recovery Sec		

I, <u>Establish</u>, Notary Public do hereby certify that George Luetkemeyer, 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

7 day of

Chicago, IL 60601-3412

Notary Public

HFS 237 (R-10-2006)

County of Cook

IL478-0208