UNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL



Doc#: 1401742069 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/17/2014 11:03 AM Pg: 1 of 1

DATE OF INITIAL LIEN [10/4/1994]

Notice is hereby given that I, George Luetkemeyer, 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:

Lot 21 in Block 3 in Ford City Subdivision No. 5, being a Subdivision of the Southwest 1/4 of the Southeast 1/4 and Block 5, 6, 7 and 8 (except the South 4 acres of said Block 8) in Clark and Abell's Subdivision of the Northeast 1/4 of the Southeast 1/4 of Section 30, Township 37 North, Range 15, East of the Third Principal Meridian in Cook county, Illinois, excepting from the above described premises all railroad lands and railroad rights of way and excepting streets heretofore dedicated. Commonly known as: 12718 South Exchange Ave., Chicago Ulinois 60633. P.I.N. 26-30-313-016-0000.

A legal or equitable interest in said described	l real estate	e is owned by:	CASE ID #:	<u>91-200-5</u>	<u> 36469</u>
CLIENT NAME: MARY PAPPAS		17%	COUNTY OF	F RES:	<u>200</u>
ADDRESS: Dolton Healthcare Center, 14329	5 South Bla	ackstone, Doito	n. IL 60419		
This lien is claimed for all assistance paid to of the Illinois Public Aid Code, and for payme statutory provisions. DATE:	ents made t	preserve the	said lien in a	ccordance w	rith
State of Illinois County of Cook	} } } SS	Healthcare and Fa Collections/Techni Prepared by/Cont. 401 S. Clinton - 5 Chicago, IL 6060	cal Recovery act/Return to: 1 th Floor	312-793-357	
) '				
1, ESIGII HARDIMAIN	′, Notary Po	ublic do hereby	certify that G	eorge Luetk	emeyer,
as an Authorized Representative of the Burer whose name is subscribed to the foregoing in acknowledged that she/he signed the said in	nstrument,	appeared before	re me this day	y in person a	and
,	Giver	under my h a n	d and seal th	ie ,	/
OFFICIAL SEAL ESTELL HARDIMAN		day of	A	ر کمی . A.D.	0/4
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/15	7-	Fisher	That	histor	

HFS 237 (R-10-2006) B

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