UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN
[X] RENEWAL



Doc#: 1410419051 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 04/14/2014 11:16 AM Pg: 1 of 1

DATE OF INITIAL LIEN [8/30/2004]

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

Lots 11 and 12 in Block 23 in Minnick's Oak Lawn Subdivision in the Northwest 1/4 and the West 20 Acres of the Northeast 1/4 of Section 9, Township 37 North Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 9620 S. 52nd Ave., Oak Lawn, IL 60453-3057 P.I.N. 24-09-122-032-0000

P.I.N. 24-09-122-032-0000)				
)_				
	0/				
A legal or equitable interest in said described	d real estate	e is owned by:	CASE ID #:	<u>91-200-8278</u>	19
CHENT NAME MARIAN BURKE		/ / X.	COUNTY OF	_	<u> 200</u>
ADDRESS: Evergreen Healthcare Ctr. 1012	4 S. Kedzie	e Ave., Evergra	en Park, IL 6	0805-3737	
This lies is alaimed for all assistance paid to	or on beha	of said client	under Article	III and/or Articl	e V
of the Illinois Public Aid Code, and for payme	ents made t	preserve the	caic lien in ac	cordance with	
statutory provisions.		K	Uwii)	47	
DATE: 3-20-2014 / VIO	40/	<u>juu</u>	- UU - VU		_
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS					
	}	Healthcare and F	amily Services	Ux	
State of Illinois	}	Collections/Techn Prepared by/Conf	ract/Return to: 3	12-793-5573	
	} SS	401 S. Clinton - S Chicago, IL 6060		CK)
County of Cook	J				.Y
1, ESTELL HARDIMAN	_, Notary P	ublic do hereby	y certify that G	eorge Luetkem	ieyer Irson
as an Authorized Representative of the Bure whose name is subscribed to the foregoing	eau of College instrument.	appeared before	ore me this day	in person and	i I
acknowledged that she/he signed the said in	nstrument a	s required by l	aw, for the use	s therein set fo	orth.

OFFICIAL SEAL
ESTELL HARDIMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/21/15

Notary Public

Given under my hand and seal the

day of

HFS 237 (R-10-2006) B

IL478-0208