UNOFFICIAL COP

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN [] RENEWAL

DATE OF INITIAL LIEN



Doc#: 1425504075 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 09/12/2014 11:02 AM Pg: 1 of 1

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 24 in Block 1 in Hoove, School Addition, a Subdivision of part of the East 646.72 feet of the West 1/2 of the East 1/2 of the Northeast 1/4 of Section 19, Township 36 North, Range 15, East of the Third Principal Meridian, lying South of Michigan City (Schrum Road) in Cook County, Illinois. Commonly known as: 1300 Buffalo Ave., Calunda City, Illinois 60409 P.I.N. 30-19-214-013-0000

A legal or equitable interest in said described real estate is bwned by: CASE ID #: 91-200-B19221 COUNTY OF RESIDENCE: 200 CLIENT NAME: EDWARD PETLAK ADDRESS: Lutheran Home, 800 W Oakton St, Arlington Heights, IL 60004-4602

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AABD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illinois Fublic Aid Code, and/or any applicable amount of medical assistance paid out on your behalf under Article V of the Illinois Public Aid Code if/while you reside/resided in the community or in a medical institution, regardless of any assigned case identification number

Healthcare and Family Services Collections/Technical Recovery State of Illinois Prepared by/Contact/Return to: 312-793-35.9 SS 401 S. Clinton - 5th Floor Chicago, IL 60607-3800 County of Cook

, 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 YSEAL!~~~

HFS 237 (R-10-2006)

IL478-0208