

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES



NOTICE AND CLAIM OF LIEN

Doc#: 1431742090 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/13/2014 11:08 AM Pg: 1 of 1

INITIAL LIEN

RENEWAL

DATE OF INITIAL LIEN

[       ]

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 13 in Block 8 in Second Roseland Heights Subdivision of East 2/3 of the Northwest 1/4 of Section 10, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 9636 S. Forest Ave., Chicago, Illinois 60628  
P.I.N. 25-10-109-033-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-FB3286**  
CLIENT NAME: **ANNIE MAE BURKETT** COUNTY OF RESIDENCE: **200**  
ADDRESS: Renaissance, 2940 W 87th Street, Chicago, IL 60652

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AABL) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illinois Public 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.

DATE: 11-6-2014

George Luetkemeyer

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

} Healthcare and Family Services  
} Collections/Technical Recovery  
} SS Prepared by/Contact/Return to: 312-793-3529  
} 401 S. Clinton - 5th Floor  
} Chicago, IL 60607-3800

County of Cook

I, ESTELL HARDIMAN, 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.



(SEAL)

Given under my hand and seal this

06 day of November, A.D., 2014

Estell Hardiman  
Notary Public