UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF**

HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN [] RENEWAL

Doc#: 1431742091 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/13/2014 11:08 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 of the Pureau of Collections, Technical Recovery Section in the Department of Healthcare and Famin Services, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

The East 1/2 of the North 1/2 of Lot 36 in Robertson and Youngs Fourth Addition to Homewood, North of Homewood and Thornton Road, of the Southwest 1/4 of Section 32, Township 36 North, Range 14, East of the Third Principal Meridian in Gook County, Illinois. Commonly known as: 1435 Burr Oak Road, Homewood, Illinois 60430 P.I.N. 29-32-302-046-0000 004

A legal or equitable interest in said described real estate is cwned by: CASE ID #: 91-200-b10329 COUNTY OF RESIDENCE: 200 CLIENT NAME: RUBYANNE CAHILL

ADDRESS: South Sub Rehab Ctr, 19000 Halsted, Homewood, 1/2 30430

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A AD) 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.

REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

Healthcare and Family Services Collections/Technical Recovery

Prepared by/Contact/Return to: 312-793-3525

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.

SS

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

Given under my hand and seal this

Notary Public

IL478-0208

HFS 237 (R-10-2006)