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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN Doc#: 1431742109 Fee: \$40,00 Karen A. Yarbrough [] INITIAL LIEN Cook County Recorder of Deeds [X] RENEWAL Date: 11/13/2014 11:19 AM Pg: 1 of 1 DATE OF INITIAL LIEN [7/17/1995] Notice is hereby given that I, George Luetkemeyer, acting in my official capacity as an Authorized Representative of the Eureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Starices, and my successors in office, hereby claim and intend to hold a lien on the following described real satate, to-wit: Lot 33 and Lot 34 in Walleck's Subdivision of Block 53 in the Union Mutual Life Insurance Company's Subdivision of Section 19, Township 39 North, Range 13, East of the Third Principal Meridian, (except the South 300 acres thereof), in Cock County, Illinois. Commonly known as: 1529 South Home, Berwyn, Illinois 60402-1351. P.I.N. 16-19-128-013-0000. 004 C 03-229-741780 CASE ID #: A legal or equitable interest in said described real estate is cwr.ed by: COUNTY OF RES: 229 CLIENT NAME: MARIANO AGATE ADDRESS: , 1529 South Home, Berwyn, IL 60402 This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A ABL) 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. AUTHORIZED REPRESENTATIVE, BUREAU Collections/Technical Recovery State of Illinois Prepared by/Contact/Return to: 312-793-3529 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, 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. Given under my hand OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS

HFS 237 (R-10-2006) B

MY COMMISSION EXPIRES:01/21/15

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