UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL



Doc#: 1431742118 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 11/13/2014 11:23 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 Sureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Sovices, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

The North 20.34 feet of Lot 40 and Lot 41, (except the North 15.50 feet thereof), in the Resubdivision of Block 4 in W.O. Cole's Subdivision of the West 1/2 of the South 20 acres of the West 1/2 of the Northeast 1/4 of Section 5, Township 3.7 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 90 19 South May Street, Chicago, Illinois 60620-3540. P.I.N. 25-05-227-008-0000

A legal or equitable interest in said described real estate is cwr.ed by:

CASE ID #: 03-232-546113

232

COUNTY OF RES:

CLIENT NAME: EVELYN ELLISON

ADDRESS: , 9019 South May Street, Chicago, IL 60620-3540

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A ABC) 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: 1/-6-2014

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

Healthcare and Family Services Collections/Technical Recovery

Prepared by/Contact/Return to: 312-793-3529

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.

SS

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/55

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Given under my hand ar

IN NAMES

Notary Public

HFS 237 (R-10-2006) B

IL478-0208