UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF**

HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/13/2014 11:25 AM Pg: 1 of 1

DATE OF INITIAL LIEN [5/26/2000]

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 Scorices, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Lot 17, 18 and 19 in Block 14 in Weage's Subdivision of the Southwest 1/4 of the Southwest 1/4 of Section 17, Township 37 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois and commonly known as 1434 West 1,1th Street.

P.I.N. 25-17-332-015-0000, 25-17-332-016-0000, 25-17-332-017-0000

A legal or equitable interest in said described real estate is cwri	ed by:	CASE ID #:	<u>91-200-7</u>	<u>46865</u>
CLIENT NAME: JOSEPH GASPER	7×.	COUNTY OF	RES:	<u> 200</u>

ADDRESS: Belhaven Nursing Home, 11401 S. Oakley, Chicago, 1/ 30643-4196

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

	d case identification		go Quettrem	
DATE:	11-6.2014			
	,,,,,,	AUTHORIZED REPRES	ENTATIVE, BURE	#U OF COLLECTIONS
		_		- <i></i>

Healthcare and Family Services 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.

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/15 **~~√6E**Ab}~~

Given under my hand

HFS 237 (R-10-2006) B

IL478-0208