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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

HEALTHCARE AND FAMILY SERVICES NOTICE AND CLAIM OF LIEN Doc#: 1431742128 Fee: \$40.00 [] INITIAL LIEN Karen A. Yarbrough Cook County Recorder of Deeds [X] RENEWAL Date: 11/13/2014 11:27 AM Pg: 1 of 1 DATE OF INITIAL LIEN [4/13/1995] 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 satate, to-wit: Lot 29 and the South 11 feet of Lot 30 in Block 8 William S. roger's Subdivision of Blocks 1, 2, 7, and 8 of Hite's Subdivision of the Southeast 1/4 of Section 8, Township 37 North, Range 14, East of the Third Principle Meridian, in Cook County, Wir ois and commonly known as 10047 South Green Street. Chicago, Illinois 60643. 204 C P.I.N. 25-08-415-059-0000 03-213-846503 A legal or equitable interest in said described real estate is cwried by: CASE ID #: **COUNTY OF RES:** 213 CLIENT NAME: LAVONIA HAMLIN ADDRESS: , 10047 South Green, Chicago, IL 60643 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, ragardless of any assigned case identification number. AUTHORIZED REPRESENTAT**(**VE, BUREAU OF 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 MA), 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.

ESTELL HARDIMAN

NOTARY PUBLIC - STATE OF ILLINCIS

MY COMMISSION EXPIRES:01/21/15

OFFICIAL SEAL

MY COMMISSION EXPIRES:01/21/

Given under my hand and seal in

Notary Public

HFS 237 (R-10-2006) B

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