UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN []RENEWAL



Doc#: 1513442032 Fee: \$40.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/14/2015 11:17 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 Bu eau 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 estate, to-wit:

Lot 8 in Block 17 in Mont Clare Subdivision of the North 1/2 of the Northwest 1/4 of Section 31, and part of the Northwest 1/4 of Section 31 ard part of the Southwest 1/4 of the Southwest 1/4 of Section 30, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 2220 N. Nortica, Chicago, Illir ois 60707 P.I.N. 13-31-113-012-0000

A legal or equitable interest in said described real estate is exped by: CASE ID # : 91-200-FC9963 COUNTY OF RESIDENCE: 200 CLIENT NAME: GERALDINE LINKE

ADDRESS: Elmwood Care, 7733 West Grand Avenue, Elmwood Fark, IL 60635-1896

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (/ 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, egardless of any assigned case identification number.

AUTHORIZED REPRESENTATIVE, BURE Healthcare and Family Services

Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 State of Illinois 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, 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.

OFFICIAL SEAL **ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLINOIS

HFS 237 (R-10-2006)

Given under my hand ンdav of

IL478-0208