

STATE OF ILLINOIS DEPARTMENT OF **HEALTHCARE & FAMILY SERVICES**

NOTICE AND CLAIM OF LIEN

Doc#: 1601442039 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/14/2016 11:19 AM Pg: 1 of 1

[X] INITIAL LIEN

[] RENEWAL

DATE OF INITIAL LIEN

Notice is herely given that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Fam is Services, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Lot 30 in Block 135 in Calumet and Chicago Canal and Dock Company's Subdivision of Parts of Section 7, Township 37 North, Range 15 Fast of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 9639 S. Exchange Ave., Chicago, Illinois 60617 P.I.N. 26-07-120-015-0000

A legal or equitable interest in said described real es atr is owned by: CASE ID #: 91-200-000690465 CLIENT NAME: JOSEFINA GOMEZ COUNTY OF RESIDENCE:

ADDRESS: Alden Northmoor, 5831 N. Northwest HWY, Chicago, IL 60631

This lien/renewal is claimed for all Aid to the Aged, Blind or Dischied (AABD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illing is 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 in stitution, regardless of any

assigned case identification number.

State of Illinois

Healthcare and Family Services Collections/Technical Recovery SS

Chicago, IL 60607-3800

Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor

215T day of AECEMber, A.D., 2015

County of Cook

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 BESSIE R MANUEL NOTARY PUBLIC - STATE OF ILLINOIS MY COMNIGSTON EXPIRES:11/09/16

HFS 237 (R-10-2006)

Notary Public

Given under my hand and seal this

IL478-0208