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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

1618347078

Doc#: 1616842078 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 06/16/2016 11:38 AM Pg: 1 of 1

DATE OF INITIAL LIEN [3/13/1987]

Notice is hereby gi /er that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Bi reau of Collections, Technical Recovery Section in the Department of Healthcare and Family Sen ices, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Lot 29 in Block 4 in the Subdivision of the South 1/2 of the Southeast 1/4 of Section 35, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois and commonly known as 8205 South Dorchester, Chicago, Illinois 60619.

P.I.N. 20-35-228-002-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-232-000503842

CLIENT NAME: JOHN HENDERSON COUNTY OF RES: 232

2040

ADDRESS: , 8205 South Dorchester, Chicago, IL 60619

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AABD) 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 vot 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: 5-20-20/6

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

Healthcare and Family Services Collections/Technical Recovery

SS

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

401 S. Clinton - 5th Floor Chicago, IL 60607-3800

County of Cook

I, DESSEE Notary Public do hereby certify that Estell Hardiman, 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
BESSIE R MANUEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/16
HFS 237 (R-10-2006) B

Given under my hand and seal this

20 day of May

Notary Public

1L478-0208

A.D., 2016