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1625901063

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

Doc#: 1625901053 Fee: \$40.00 Karen A.Yarbrough

Cook County Recorder of Deeds Date: 09/15/2016 11:26 AM Pg: 1 of 1

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN

Notice is hereby give. 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 Family Senices, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Unit 2-8 The Country Homes at Millers Station Condominium as delineated on a survey of the following described real estate: Lots 10, 11 and 12 in Millers Station Subdivision, being a Subdivision of part of the East 1/2 of the Southeast 1/4 Section 33, Township 42 North, Range 11, East of the Third Principal Meridian, according to the plat thereof recorded November 2, 1993 as Document 93887618 East of the Third Principal Meridian, in Cook County, Islandis, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded December 3, 1993 as Document 93989311 as amended from time to time, together with its undivided percentage interest in the common elements in Cook County, Illinois, Known as: 214 N. Cathy Lane, Mt Prospect, Illinois 60056, P.I.N. 03-33-424-013-1038

A legal or equitable interest in said described real estate is owned by: CASE ID #: 91-200-000FG1921

CLIENT NAME: HELEN SHANNON

COUNTY OF RESIDENCE: 200

ADDRESS: Nazarethville Home, 300 N. River RD, Des Plaines, IL 60016

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 Fucilic 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 assigned case identification number.

DATE: 8-3/-20/6
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

} Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800

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

Given under my hand and seal this

31 st day of August, A.D., 2016

Bessie H. Stranger

Notary Public

IL478-0208