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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

1625981654

Doc#: 1625901054 Fee: \$40.00

Karen A. Yarbrough

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

DATE OF INITIAL LIEN [11/16/2011]

Notice is hereby giver, that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Burgau 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 existe, to-wit:

Units 2B and G-2 in Central Park Condominium as delineated on a survey of the following described real estate: The East 95 feet of Lcts 1 and 2 in Santry's Subdivision of the North 223.30 feet (as measured along the East line thereof and except the East 50 feet thereof, being public street) of the Northeast 1/4 of the Southeast 1/4 of Section 17, Township 37 North, Range 13, East of the Third Principal Meridian, lying North of a line parallel to and 25.00 feet Northeasterly of the Northeasterly line of the Calumet and Chicago Terminal Railroad right of way, in Cook County, Illinois, which survey is attached as exhibit "A" of the Declaration of Condominium recorded as Document 97246019, together with its undivided percentage interest in the common clements, in Cook County, Illinois. Commonly known as: 10710 Central Ave., Oak Lawn, Illinois 60415-3016
P.I.N. 24-17-401-055-1005, P.I.N. 24-17-401-055-1015

A legal or equitable interest in said described real estate is owned by: CASE ID #: 91-200-000969647

CLIENT NAME: LEONORA BOYER COUNTY OF RES: 200

ADDRESS: Concord Nursing, 9401 S Ridgeland, Oak Lawn, IL 60453-2287

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AASD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illinois Public Air Code, and/or any applicable amount of medical assistance paid out on your behalf under Article 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: 9-06-30 6

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529

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

I, <u>SESSZER</u>, Nature A., 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

Bessie B. Stance A.D., 2016
Notary Public

IL478-0208