## NOFFICIAL CC

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

Doc#: 1625901063 Fee: \$40.00 Karen A. Yarbrough

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

NOTICE AND CLAIM OF LIEN

[ ] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN [4/18/1997]

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

Lot 49 in Block 7 in Canterbury Gardens Unit number 3, a Resubdivision of part of Canterbury Gardens Unit number 2, A Subdivision of the West 1/2 of the East 1/2 and part of the Northwest 1/2 of Section 24, Township 36 North, Range 13, East of the Third Principal Meridian, according to the plat thereof recorded March 21, 1957, as Document 16,855,937, in Cook County, Illinois commonly known as 16219 Sussex Ave, Markham, IL 60426-4644.

Sussex Ave, Markham, IL 60426-4644.			
P.I.N. 28-24-107-022-0000	4		
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÷	0,		
A legal or equitable interest in said described	real estate is owned by:	CASE ID#:	91-200-000587663
CLIENT NAME: <b>ESSIE JONES</b>		COUNTY OF	RES: <u>200</u>
ADDRESS: Countryside Nursing Home, 1635	5 East 154th Street, Dolto	on i∟ 60419	
This lien/renewal is claimed for all Aid to the Afor any applicable cash assistance paid, unde applicable amount of medical assistance paid Aid Code if/while you reside/resided in the corassigned case identification number.  DATE: AUTHORIZED	er Article III of the Illinois I I out on your behalf unde	Public Air Cod r Article V of th nstitution, rega	le, and/or any ne Illinois Public ardless of any
State of Illinois	Healthcare and Fi Collections/Techn Prepared by/Cont SS 401 S. Clinton - 5	ical Recovery act/Return to: 3	12-793-3529
County of Cook	Chicago, IL 6060		
1, BESSZE K. TYANUEL	, Notary Public do hereby	certify that Es	stell 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 COM/SIESADN EXPIRES:11/09/16 HFS 237 (R-10-2006) B

Given under my hand and seal this A.D., 2016 2 S day of **Notary Public** IL478-0208