UNOFFICIAL CO

Doc#: 1625901073 Fee: \$40.00

Cook County Recorder of Deeds Date: 09/15/2016 11:32 AM Pg: 1 of 1

Karen A. Yarbrough

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

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN [3/15/2002]

Notice is hereby given that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the '3u eau 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 estrate, to-wit:

Lots 9 and 10 in Block 2 in Oakson, a Subdivision of the South 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 24, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 532 Wesley Avenue, Evanston, Illinois 60202-2154. P.I.N. 10-24-422-041-0000.

P.I.N. 10-24-422-041-0000.	The state of Evaluation, millions	00202-2104.	
,	0-		
	0/		
	7		
	` ()		
	0,		
A legal or equitable interest in said descri	bed real estate is owned by:	CASE ID #: 91-2	<u>200-</u> 000769771
CLIENT NAME: ESTHER STEMPLE	//X	COUNTY OF RES	
ADDRESS: Birchwood Plaza, 1426 West	Birchwood Ave, Chicago 1		=
This lien/renewal is claimed for all Aid to t			naid by HES
for any applicable cash assistance paid, u	under Article III of the Illinois I	Public Aid Code, an	nd/or any
applicable amount of medical assistance	paid out on your behalf unde	r Article V of the Illin	nois Public
Aid Code if/while you reside/resided in the	community or in a medical i	nstitution, regardles	ss of any
assigned case identification number.	X/ X/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DATE: 8 15 delle	will fallet	man	
AOTHORIZ	ED REPRESENTATIVE, BU	REAU OF COLLEC	SIONS .
	} Healthcare and Fa	— — — — — — ımily Services	
State of Illinois	Collections/Techn	ical Recovery	
	SS 401 S. Clinton - 5	act/Return to: 312-79; th Floor	3-3529
County of Cook	Chicago, IL 6060	7-3800	
1. BESSZEHMANUE	Notary Public do hereby		P 11
an Authorized Representative of the Burea	Notary Fublic do nereby au of Collections, personally	certify that Estell F	tardiman, as
whose name is subscribed to the foregoin	g instrument, appeared before	re me this day in ne	ine person erson and
acknowledged that she/he signed the said	I instrument as required by la	w, for the uses the	rein set forth
	•		

OFFICIAL SEAL BESSIER 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 **5** day of GUSTAD Zo16 **Notary Public** IL478-0208