UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

Doc# 1628842053 Fee \$40.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 10/14/2016 11:31 AM Pg: 1 of 1

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

Lot 24 (except the West 3 feet 1-1/2 inches) and the West 6 feet 3 inches of Lot 25 in Block 2 in McAlpin's Subdivision of Blocks 14, 16 and 17 in Canal Trustees' Subdivision of the East 1/2 of Section 31, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1854 W. 34th Street. Chicago, Illinois 60608 P.I.N. 17-31-220-028-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-202-000967599 CLIENT NAME: DIANE BERINGER COUNTY OF RESIDENCE: 200 ADDRESS: , 1854 West 34th Street, Chicago,, IL 60608-6866 This lien/renewal is claimed for all Aid to the Aged, Blind or Disable (AABD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illinois Position 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. BUREAU OF COLLECTIONS Healthcare and Family Services Collections/Technical Recovery State of Illinois Prepared by/Contact/Return to: 312-793-3529 SS 401 S. Clinton - 5th Floor Chicago, IL 60607-3800 County of Cook BEUERLY ADAMS 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. Given under my hand and seal this

フタ day of

Notary Public

HFS 237 (R-10-2006)

OFFICIAL SEAL

BEVERLY ADAMS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/21/20

IL478-0208

SEPTEMBER, A.D., 2016