UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN

[]RENEWAL

Doc# 1628842055 Fee \$40.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 10/14/2016 11:31 AM Pg: 1 of 1

IL478-0208

DATE OF INITIAL LIEN

HFS 237 (R-10-2006)

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 rear estate, to-wit:

Lot 27 and the East 14 feet of Lot 23 in Block 8 in Walden and Mulvanes Subdivision of the South 3/4 of the Southwest 1/4 of the Southwest 1/4 of Section 4, Township 37 North, Range 14, East of the Third Principal Meridian, (except that part of said Lots 17 and 28 lying South of a line 54 feet North and parallel with the South line of said Section 4, conveyed to the City of Chicago for widening West 95th Street) in Cook County, Illinois. Commonia known as: 620 W. 95th Street, Chicago, Illinois 60628-1052 P.I.N. 25-04-326-072-0000

A legal or equitable interest in said described in	real estate	is owned by:	CASE ID #:	93-200-000FA	<u>8716</u>
CLIENT NAME: MICHELLE HALSELL				RESIDENCE:	<u>200</u>
ADDRESS: Symphony of Morgan Park, 10935					
This lien/renewal is claimed for all Aid to the A for any applicable cash assistance paid, under applicable amount of medical assistance paid Aid Code if/while you reside/resided in the con assigned case identification number. DATE: 10-86-2016	r Article III out on you	of the Illinois I r behalf unde	Public Aid Cod r Anacle Y of th	le, and/or any ne Illinois Public	
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS					
State of Illinois County of Cook	} } } SS }	Collections/Tecl		312-793-3529	_
I, BEUERLA 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.					
OFFICIAL SEAL	Given	under my hai	nd and seal thi とららと凡	s _, A.D., <u>20/6</u>	<u>.</u>

Box 348