UNOFFICIAL COPY

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

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN

[] RENEWAL



Doc# 1628842056 Fee \$40.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 10/14/2016 11:32 AM Pg: 1 of 1

DATE OF IMITIAL LIEN

HFS 237 (R-10-2006)

Notice is hereby given that I, Estell Hardiman, acting in my official capacity as an Authorized Representative of the Pureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Sen ices, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

Lot 14, in Block "J" in Kuntze's High Ridge Knolls Unit No. 3, being a Resubdivision of part of Lots 5 and 9 of the olowners's Subdivision of Scction 13, Township 41 North, Range 11, East of the Third Principal Meridian, according to Plat of said Kuntze's High Ridge Knolls unit No. 3 registered in the Registrar's Office of Cook County, Illinois, on June 27, 1960, as Document Number 1928619 Commonly known as: 251 Westmere Road, Use Plaines, Illinois 60016 P.I.N. 08-13-412-014-0000

A legal or equitable interest in said described	i real estate	is owned by:	CASE ID #:	91-200-000FG	<u> 1291</u>
CLIENT NAME: PATRICIA JASCOT		11	COUNTY OF	RESIDENCE:	200
ADDRESS: Lexington of Streamwood, 815 E	E. Irving Par	k, Streamwoo	너, IL 60107		
This lien/renewal is claimed for all Aid to the for any applicable cash assistance paid, undo applicable amount of medical assistance paid Aid Code if/while you reside/resided in the coassigned case identification number. DATE: 10-06-30/6	er Article III d out on you ommunity or	of the Illinois ur behalf unde in a medical	Phans Aid Coder Article V of the institution, reg	de, and/or any he Illinois Public ardless of any	
State of Illinois County of Cook	} } } SS }	Collections/Tec		312-793-3529	_
I, BEUERIU ADAMU, 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.					
OCEITIAL SEAL	Given ک	under my ha _ day of _ <u>C</u>	nd and seal th) ともの <u> </u>	iis , A.D., <i>2016</i>	<u>,</u>

IL478-0208