UNOFFICIAL CORM

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN

Doc# 1632201058 Fee \$40.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/17/2016 11:16 AM PG: 1 OF 1

Notice is hereby given that I, Estell Hardiman, acting in my official capacity as an Authorized Representative or file 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:

The South 1/2 of Lot 4 in Block 12 in Pryors and Hopkins Subdivision of the West 1/2 of the Northwest 1/4 of Section 3, Township 38 Nor.h. Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4213 S. Indiana Ave., Chicago, Illinois 60653 P.I.N. 20-03-120-018-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 91-200-000FI0102

CLIENT NAME: BARBARA HAYNES

COUNTY OF RESIDENCE: 200

ADDRESS: Lexington of Chicago Ridg, 10300 Southwest Hwy, Chicago Ridge, IL 60415

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AABD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illino's Public 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.

DATE: 10-13-2016

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

| Healthcare and Family Services | Collections/Technical Recovery | Prepared by/Contact/Return to: 312-793-35.27

County of Cook

SS 401 S. Clinton - 5th Floor Chicago, IL 60607-3800

I, BESSZE K. MANUEL, 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
BESSIE R MANUEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/16

HFS 237 (R-10-2006)

Given under my hand and seal this

13m day of October, A.D., 2016

Bessie P. Ty anuel

Notary Public

IL 478-0208