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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

1704704092

Doc# 1704704092 Fee $40.00

KAREN A.YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 02/16/2017 11:55 AM PG: 1 OF 1

[X] INITIAL LIEN

[ ] RENEWAL

DATE OF INITIAL LIEN
[ ]

Property of Cook County Clerk's Office

Notice is hereby given 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:

The South 31.7 feet of Lot 37 in Dreyfus and Robbins Resubdivision of Lots 1 to 16, inclusive, in Jackson-Laramie Garden Homes, a Resubdivision of Block 15 in Community Resubdivision of certain Lots and parts of Lots in School Trustee Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5090 W. Van Buren St., Chicago, Illinois 60644
P.I.N. 16-16-214-217-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000FI9182**
CLIENT NAME: **ARTHUR L. TRIMBLE** COUNTY OF RESIDENCE: **200**
ADDRESS: Symphony of Chgo West, 5130 W. Jackson Blvd, Chicago,, IL 60644

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 Illinois 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: 01-25-2017 _____
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois } SS
County of Cook }

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3129
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800

I, Beverly 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
BEVERLY ADAMS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/21/20
(SEAL)

Given under my hand and seal this 25 day of January, A.D., 2017

_____
Notary Public

HFS 237 (R-10-2006) IL478-0208

Box 348