UNOFFICIAL

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES



Doc# 1704704100 Fee \$40.00

ſ	1	INITIAL LIEN	

NOTICE AND CLAIM OF LIEN

[X] RENEWAL

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/16/2017 11:59 AM PG: 1 OF 1

DATE OF INITIAL LIEN [6/15/1976]

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 North 33 feet of Lot 8 in Block 6 in Craven's Resubdivision of Blocks 1, 6 and 7 in Grant and Jackson's Addition to Evanston Ocing a Subdivision of the South part of the North East 1/4 (NE1/4) of the North East 1/4 (NE1/4) of Section 13, Township 41 North, Range 13 and part of the North West Quarter (NW 1/4) of the North West Quarter (NW 1/4) of Section 18, Township 41 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 1914 Asbury Avenue, Evanston, Illinois 60201-3556. Film. 10-13-212-022-0000

A legal or equitable interest in said described real estate is owned by:	CASE ID #:	03-204-000	<u>)125691</u>
CLIENT NAME: MABLE LEWIS	COUNTY OF	RES:	<u>204</u>
ADDRESS: , 1914 Asbury Avenue, Evanston, IL 60201-3556			

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A/.o.) 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

Aid Code if/while you reside/resided in the community or in a medical institution, regardless of any assigned case identification number.

DATE: OLOGICAL AUTHORIZED REPRESENTATIVE, BUREAU OF COLLICTIONS

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529
SS 401 S. Clinton - 5th Floor
Chicago, IL 60607-3800

I, DEUERLY ADAM

Notary Public do hereby certify that Estell Hardiman, as an Authorized Representative of the Bureau of Collections, personally known to be the same person

I, YEUERIY ADAM, Notary Public do hereby certify that Estell Hardiman, as an Authorized Representative of the Bureau of Collections, 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

day of February

_, A.D., <u>&0/7</u>

Notary Public

HFS 237 (R-10-2006) B

IL478-0208