UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

HEALTHCARE AND FAMILY SERVICES	
NOTICE AND CLAIM OF LIEN	*1794704105*
[] INITIAL LIEN	Doc# 1704704105 Fee \$40.00
[X] RENEWAL	KAREN A. YARBROUGH
	COOK COUNTY RECORDER OF DEEDS
DATE OF INITIAL LIEN	DATE: 02/16/2017 11:59 AM PG: 1 OF 1
[10/23/1987]	
	· · · · · · · · · · · · · · · · · · ·
Representative of the Bureau of Collections,	n, acting in my official capacity as an Authorized Technical Recovery Section in the Department of cessors in office, hereby claim and intend to hold a lien on
Northwest 1/4 of Southeast 1/4 of Southwest Range 14, East of the Third Principal Meridia West 157th Street, Harvey, Illinois, 63/26-41	
	00/C
A legal or equitable interest in said described CLIENT NAME: SALINA PARHAM	real estate is owned by: CASE ID #: 03-226-000539437 COUNTY OF RES: 226
ADDRESS: , 100 W. 157th Street, Harvey, 1	<u> </u>
for any applicable cash assistance paid, under applicable amount of medical assistance paid	Aged, Blind or Disabled (AASD) assistance paid by HFS er Article III of the Illinois Public Aid Code, and/or any dout on your behalf under Article / of the Illinois Public mmunity or in a medical institution, regardless of any
DATE: 02/02/20/1	for Holdman
/ / AUTHORIZED	REPRESENTATIVE, BUREAU OF COLLECTIONS
State of Illinois	Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 SS 401 S. Clinton - 5th Floor
County of Cook) Chicago, IL 60607-3800
an Authorized Representative of the Bureau whose name is subscribed to the foregoing in	, Notary Public do hereby certify that Estell Hardiman, as of Collections, personally known to be the same person astrument, appeared before me this day in person and strument as required by law, for the uses therein set forth.
BEVERLY ADAMS MOTARY PUBLIC - STATE OF ILLINGIS MY COMMISSION EXPIRES:06/21/20	Given under my hand and seal this 2 day of 15BERARY, A.D., 2017

HFS 237 (R-10-2006) B

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