UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES



NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

Doc# 1711042070 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/20/2017 11:41 AM PG: 1 OF 1

DATE OF INITIAL LIEN [9/16/2002]

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:

Lot 27 in Block 29 in West Auburn, a Subdivision of Blocks 17 to 20, both inclusive and 29 to 32, both inclusive in the Subdivision of the Southeast 1/4 of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 7835 S. Morgan Street, Chicago, Illinois 60620-2809. P.I.N. 20-29-428-011-0000

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A legal or equitable interest in said described	real estat	e is owned by:	CASE ID #:	91-200-0007	<u> 1 9249</u>
CLIENT NAME: LILLIE WASHINGTON		4/2	COUNTY OF	FRES:	200
ADDRESS: Exceptional Health, 5701 W. 79th	n Street, E	Burbank, 11, 60	459-1332		
This lien/renewal is claimed for all Aid to the Afor any applicable cash assistance paid, under applicable amount of medical assistance paid Aid Code if/while you reside/resided in the collassigned case identification number. DATE: 4/14/20/1	er Article II I out on yo	II of the Illinois Four behalf under	Public Aid Coo Article V of the	de, and/or any he Illinois Publ	ic
State of Illinois County of Cook	REPRES } SS }	Healthcare and Fa Collections/Techni Prepared by/Cont. 401 S. Clinton - 5 Chicago, IL 6060	nmily Services ical Recovery act/Return to: 3	· - / }	9

I, DEUERLY HOAMS, 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

HFS 237 (R-10-2006) B

Given under my hand and seal this ______, A.D., _____, A.D., ______

Notary Public

IL478-0208