

UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES



Doc# 1801704057 Fee \$40.00

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 01/17/2018 11:26 AM PG: 1 OF 1

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN
[9/30/1998]

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 East 18.50 feet of the West 64.50 feet of that part of Lots 17 to 23 both inclusive, taken as tract, lying South of a line drawn at right angles from a point in the West Line in said Tract 162.78 feet South of the Northwest corner thereof, to a point in the East Line of said Tract, 161.87 feet South of the Northeast Corner thereof, in Block 1 in Nabb and Lass Subdivision of part of Block 1 in Spikings Subdivision of the West 60 acres (except the North 13 acres thereof) of the Southwest 1/4 of Section 11, Township 40 North, Range 13, East of the Third Principal Meridian, according to the Plat recorded 09/22/15 as Document No.#5716013. Commonly known as: 5101 North Springfield Town House B, Chicago, Illinois 60625. P.I.N. 13-11-301-051-0000.

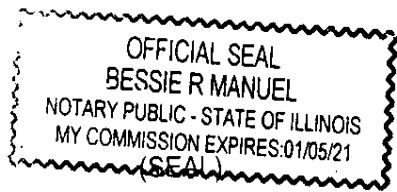
A legal or equitable interest in said described real estate is owned by: CASE ID #: **03-217-000787435**
CLIENT NAME: **WILLIAM SAKELLAROPOULO** COUNTY OF RES: **217**
ADDRESS: , 5101 N. Springfield #B, Chicago, IL 60625-6023

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 7 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: 01/05/2018 Estell Hardiman
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

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

I, BESSIE R MANUEL 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.



Given under my hand and seal this
5th day of January, A.D., 2018
Bessie R Manuel
Notary Public

HFS 237 (R-10-2006) B

Box 348

IL478-0208