## **UNOFFICIAL COPY**

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

\*1801704059\*

NOTICE AND CLAIM OF LIEN Doc# 1801704059 Fee \$40.00

[ ] INITIAL LIEN

[X] RENEWAL

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

DATE OF INITIAL LIEN [ 6/30/2003 ]

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 recipestate, to-wit:

The East 21 feet 5 inches of the West 137 feet 10 inches of the South 50 feet of Lot 2 in M. M. Walker's Subdivision of Lots 5, 6, 7, 8, 9 and 10 in Block 8 in Drexel and Smith's Subdivision of the West 1/2 of the Northwest 1/4 and the West 1/2 of the West 1/2 of the Southwest 1/4 of Section 11, Township 38 North, Range 14, East of the Third Frincipal Meridian, and also the South 10 feet of the East 100 feet of Lot 1 (except the East 80 feet thereof) in M.N. Walker's Subdivision as aforesaid in Cook County, Illinois. Commonly known as: 5037 S. Drexel, Chicago, Illinois 60615-2755 P.I.N. 20-11-114-052-0000

| A legal or equitable interest in said described real estate is owned by: | CASE ID #: | 91-200-00 | <u>0745094</u> |
|--|------------|-----------|----------------|
| CLIENT NAME: JOHN WESTLEY  | COUNTY OF  | RES:      | <u>200</u>     |

ADDRESS: Renaissance, 2425 E 71st Street, Chicago, IL 60649-2612

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A'ABC) 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: 01/05/2018  |   |
|-------------------|---|
| / _ /             | AUTHORIZED REPRÉSENTATIVE, BUREAU OF COLLICTIONS  |
| State of Illinois | Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 SS 401 S. Clinton - 5th Floor |

I, BESSIEK, 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.

OFFICIAL SEAL
BESSIE R MANUEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/05/21

HFS 237 (R-10-2006) B

County of Cook

Given under my hand and seal this 57% day of ANKAVY, A.

Chicago, IL 60607-3800

Notary Public

IL478-0208