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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES



Doc# 1823610028 Fee \$40.00

NOTICE AND CLAIM OF LIEN

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/24/2018 02:47 PM PG: 1 OF 1

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[1/16/2009]

Notice is hereby given that I, Carolyn Banks, 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 24 in the Hulbert Fullerton Avenue Highlands Subdivision No. 12 in the East half of the Southwest quarter of Section 28, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5233 W. Montana, Chicago, Illinois 60639
P.I.N. 13-28-331-009-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000708883**
CLIENT NAME: **CONSUELO BARREIRO** COUNTY OF RESIDENCE: **200**
ADDRESS: Forest Villa Nsg & Rehab, 6840 W. Touhy Ave, Niles, IL 60714

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 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: 8-23-2018

Carolyn Banks

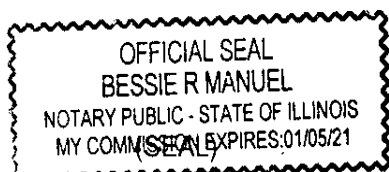
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

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

County of Cook

I, BESSIE R. MANUEL, Notary Public do hereby certify that Carolyn Banks, as an Authorized Representative of the Bureau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, 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
23RD day of August, A.D., 2018

Bessie R. Manuel
Notary Public

HFS 237 (R-10-2006)

IL478-0208