

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE & FAMILY SERVICES



NOTICE AND CLAIM OF LIEN

Doc# 1833213002 Fee \$40.00

[ ] INITIAL LIEN

KAREN A. YARBROUGH

[X] RENEWAL

COOK COUNTY RECORDER OF DEEDS

DATE: 11/28/2018 09:30 AM PG: 1 OF 1

DATE OF INITIAL LIEN

[ 10/4/1994 ]

Notice is hereby given that I, Joanna Szuba, 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 2671 in Frederick H. Bartlett's Greater Chicago Subdivision #5, being a Subdivision of that part lying West of the right-of-way of the Illinois Central Railroad of the East 3/4 of the South 1/2 of the North 1/2 and the Northwest 1/4 of the Southeast 1/4 of Section 15, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois and commonly known as 10718 South Rhodes, Chicago, Illinois 60628. P.I.N. 25-15-402-027-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-236-000494956

CLIENT NAME: NORMA CANTRELL

COUNTY OF RESIDENCE: 236

ADDRESS: , 10718 South Rhodes Ave., Chicago, IL 60628

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: 11/27/2018

[Signature]  
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

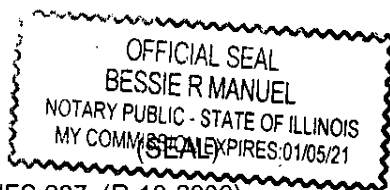
State of Illinois

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Healthcare and Family Services  
Collections/Technical Recovery  
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 Joanna Szuba, 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  
27th day of NOVEMBER, A.D., 2018

Bessie R Manuel  
Notary Public

HFS 237 (R-10-2006)

IL478-0208

Box 348

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