UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

1834519005

NOTICE AND CLAIM OF LIEN

Doc# 1834519005 Fee \$40.00

[] INITIAL LIEN
[X] RENEWAL

EDHARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/11/2018 09:20 AM PG: 1 OF 1

DATE OF INITIAL LIEN [9/30/1999]

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 15 in Block 5 in Fallis and Gano's Addition to Pullman, being a Subdivision of that part lying East of the West 49 acres of the East 1 2 of the Southeast 1/4 of Section 21, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 11702 South Lafayette, Chicago, Illinois 60628-5537.

P.I.N. 25-21-420-027-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-236-000D37863

CLIENT NAME: BRENDA LEWIS COUNTY OF RESIDENCE: 236

ADDRESS: , 11702 South Lafayette, Chicago, IL 60628-5537

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 Acticle 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: 121011018

AUTHORIZED REPRESENTATIVE, BUREAU OF CO. LE CTIONS

State of Illinois

County of Cook

} } SS Healthcare and Family Services Collections/Technical Recovery

Prepared by/Contact/Return to: 312-793-3543

401 S. Clinton - 5th Floor Chicago, IL 60607-3800

I, <u>BESSZER. MANUEL</u>, 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.

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

Given under my hand and seal this

The day of AECEM GEN. A.D., 2018

Notary Public

IL478-0208

Box 348

