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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

Doc# 1907341078 Fee \$40.00

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/14/2019 10:58 AM PG: 1 OF 1

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

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:

The North Half of Lot 19 in Block 1 in Hoyt and Farwells Subdivision of the West 22 acres and the South One-Half of the East 28 acres of the North One-Half of the Northeast Quarter of Section 22, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6425 S. Evans, Chicago, Illinois 60637
P.I.N. 20-22-215-008-0000.

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-212-000822714

CLIENT NAME: SARA BOLTON

COUNTY OF RESIDENCE: 212

ADDRESS: , 6425 South Evans, Chicago, IL 60637-3411

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: 03/13/2019

[Signature]
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

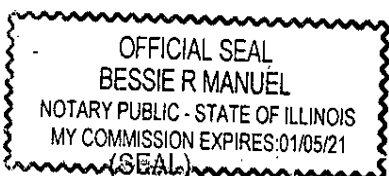
State of Illinois

} SS

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3523
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

13th day of MARCH, A.D., 2019

[Signature]
Notary Public