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STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN [X] RENEWAL

DATE OF INITIAL LIEN [11/30/1999]



Doc# 1910122097 Fee \$40.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/11/2019 11:32 AM PG: 1 OF 2

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 Famil' Services, and my successors in office, hereby claim and intend to hold a lien on the following described real estate, to-wit:

That part of Lot 6 in Block 4, in Wm. C. Groebe & Company's Kimberly Heights Addition to Tinley Park, hereinafter described. Iving West of a line 1320 feet East of (as measured along the South line of the Southwest 1/4 of Section 20) and parallel to the West line of the Southwest 1/4 of Section 20 in Wm. C. Groebe & Company's Kimberly Heights Addition to Tinley Park situated in the West 1/2 of the Southwest 1/4 of Section 20, Township 36 North, Kance 13, East of the Third Principal Meridian, Cook County, Illinois, according to Plat thereof Registered in the Office of the Registrar of Titles of Cook County, Illinois, on May 11, 1955, as Doc. No. 1593767, and Certificate of Correction thereof registered as Doc. No. 1601732 and commonly known as 16451 S. Bryverly, Tinley Park, Illinois 60477.

A legal or equitable interest in said described real e	state is owned by:	CASE ID #:	91-200-00074	<u>4369</u>
CLIENT NAME: JULIA GORIL	46	COUNTY OF	RESIDENCE:	200

ADDRESS: Glenshire N. R. C., 22660 South Cicero, Richton Fark, IL 60471

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 Illino's Public Aid Code, and/or any applicable amount of medical assistance paid out on your behalf under faicle 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

State of Illinois

County of Cook

Healthcare and Family Services Collections/Technical Recovery

Prepared by/Contact/Return to: 312-793-3[2]

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

)M ぬんしらん, 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 CON SEAON EXPIRES:01/05/21

HFS 237 (R-10-2006)

Given under my hand and seal this

om day of March

IL478-0208

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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

Property Dascription Continuation Page for JULIA GORIL; Case ID: 91-200-000744369

P.I.N. 28-20-304-608-0000

COLUMN CLOSE STATES OFFICE