

UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES



Doc# 1910122107 Fee \$40.00

NOTICE AND CLAIM OF LIEN

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/11/2019 11:40 AM PG: 1 OF 1

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[7/6/1994]

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:

The North 17.07 feet of Lot 46 and all of Lots 47 and 48 in Block 1 in Winnebago Subdivision of Block 3 of Mahan's Subdivision of the South 1/2 of the Northwest 1/4 of Section 13, Township 38 North, Range 13, East of the Third Principal Meridian, "Joint Tenants". Commonly known as: 5705 South Whipple, Chicago, Illinois 60629.
P.I.N. 19-13-119-043-0000.

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000571879**

CLIENT NAME: **DOROTHY NEMETH**

COUNTY OF RESIDENCE: **200**

ADDRESS: Fairhaven Nursing Home, 10602 Southwest Highway, Chicago Ridge, IL 60415

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: 3/21/19

[Signature]

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

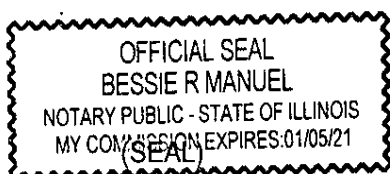
State of Illinois

} SS

Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-5529
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

21~~st~~ day of March, A.D., 2019

[Signature]

Notary Public

HFS 237 (R-10-2006)

IL478-0208

JP