

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES

UNOFFICIAL COPY



\*1912917064\*

NOTICE AND CLAIM OF LIEN

Doc# 1912917064 Fee \$40.00

[ ] INITIAL LIEN

EDWARD M. MOODY

[X] RENEWAL

COOK COUNTY RECORDER OF DEEDS

DATE: 05/09/2019 12:11 PM PG: 1 OF 1

DATE OF INITIAL LIEN  
[ 6/13/2014 ]

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:

Unit 214 in Briartree of Burbank, a Condominium as delineated on a survey of the following described real estate: certain Lots in Briartree of Burbank, being a Subdivision of part of the North 1/2 of the Northwest 1/4 of the Southeast 1/4 of Section 28, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as exhibit "A" to the Declaration of condominium recorded as Document #25678500 as amended together with its undivided percentage interest in the common elements. Commonly known as: 5027 W. Briartree, Unit 214, Burbank, Illinois 60459

P.I.N. 19-28-401-061-1014

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000B08839**

CLIENT NAME: **HENRYKA KARNICKI**

COUNTY OF RES: **200**

ADDRESS: Bridgeview HHC, 8100 S Harlem Ave, Bridgeview, IL 60455

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AARD) 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: 05/08/2019

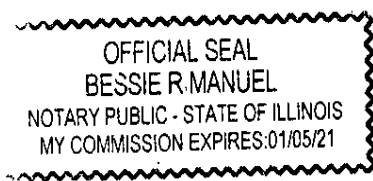
*[Signature]*  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

} Healthcare and Family Services  
} Collections/Technical Recovery  
} Prepared by/Contact/Return to: 312-793-3529  
} SS 401 S. Clinton - 5th Floor  
} Chicago, IL 60607-3800

County of Cook

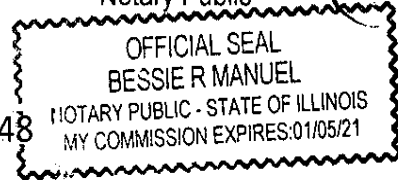
I, **BESSIE R. MANUEL** Notary Public do hereby certify that Joanna Szuba, as an Authorized Representative of the Bureau of Collections, personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she/he signed the said instrument as required by law, for the uses therein set forth.



(SEAL)

Given under my hand and seal this  
8th day of May, A.D., 2019

*[Signature]*  
\_\_\_\_\_  
Notary Public



IL478-0208

HFS 237 (R-10-2006) B

BOX 348

*[Handwritten initials]*