

UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES



Doc# 1928845084 Fee \$28.00

NOTICE AND CLAIM OF LIEN

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/15/2019 11:50 AM PG: 1 OF 1

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[6/16/1995]

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 Thirteen (13) in Block Three (3) in Hobart's Subdivision of the Northwest Quarter (NW 1/4) of the Northwest Quarter (NW 1/4) of Section 15, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois and commonly known as 4731 West Monroe Street, Chicago, Illinois 60644.

P.I.N. 16-15-104-010-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-234-000782133

CLIENT NAME: DOROTHY HOLT

COUNTY OF RESIDENCE: 234

ADDRESS: , 4731 West Monroe Street, Chicago, IL 60644

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: 09/16/19

[Signature]
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

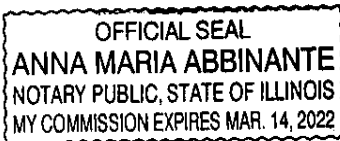
State of Illinois

County of Cook

} 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

I, Anna Maria Abbinate, 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.



(SEAL)

Given under my hand and seal this 16th day of September, A.D., 2019

[Signature]
Notary Public

S Y

P L

S

M X

SC X

E X

INT [Signature]