

UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES



Doc# 1928845094 Fee \$88.00

NOTICE AND CLAIM OF LIEN

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

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

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[11/30/2009]

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 5 in Charles H. Serum's Subdivision being a Resubdivision of Lots 33 to 47 inclusive in Maltby's Subdivision of the East 1/2 of the Northwest 1/4 of the Northeast 1/4 of the Northeast 1/4 of Section 11, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 730 N. Spaulding Ave., Chicago, Illinois 60624-1541
P.I.N. 16-11-205-029-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **93-215-000H38340**

CLIENT NAME: **ERNESTINE COVINGTON**

COUNTY OF RESIDENCE: **215**

ADDRESS: , 730 N. Spaulding Ave., Chicago, IL 60624-1541

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

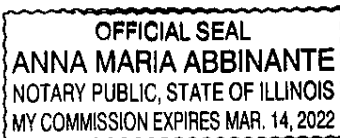
[Signature]
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

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

County of Cook

I, Anna Maria Abbinante, 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 I
S
M X
SC X
E X
INT AB