

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE & FAMILY SERVICES



Doc# 1928845098 Fee \$88.00

EDWARD H. MOODY  
COOK COUNTY RECORDER OF DEEDS  
DATE: 10/15/2019 11:50 AM PG: 1 OF 1

NOTICE AND CLAIM OF LIEN

[ ] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[ 10/15/2014 ]

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:

Lot 3 in Block 5 in Edgewood, being a Subdivision of Lots 1, 2 and 3 in Assessors Subdivision of the Northeast fractional 1/4 and part of the Northwest 1/4 of fractional Section 5, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6046 N. Mason Ave., Chicago, Illinois 60646  
P.I.N. 13-05-212-019-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000fa9981**  
CLIENT NAME: **FRANCES JARON** COUNTY OF RESIDENCE: **200**  
ADDRESS: Oakton Pavillion, 1660 E. Oakton, Des Plaines, IL 60018

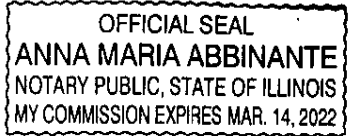
This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (AABD) assistance paid by HFS for any applicable cash assistance paid, under Article III of the Illinois Public Aid Code, and/or any applicable amount of medical assistance paid out on your behalf under Article V of the Illinois 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: 312-793-3529  
401 S. Clinton - 5th Floor  
Chicago, IL 60607-3800

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INT AB

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  
Anna Maria Abbinante  
Notary Public

Box 348

