

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[ ] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN  
[ 7/17/1995 ]



Doc# 1928845102 Fee \$88.00

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

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 7 in Block 5 in Cottage Grove Heights, being a Subdivision of part of the North 1/2 of Sections 11 and 10, Township 37 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof recorded June 26, 1925, as Document #8957229, in Cook County, Illinois. Commonly know as: 9755 South Maryland, in Palos Park, Illinois, 60628-1521.

P.I.N. 25-11-110-007-0000

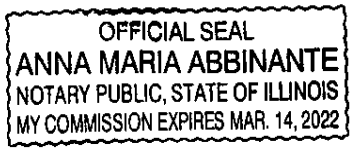
A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000678361**  
CLIENT NAME: **CATHERINE DEEGAN** COUNTY OF RESIDENCE: **200**  
ADDRESS: Palos Hts Healthcare, 10426 S Roberts Rd, Palos Hills, IL 60465-1996

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  
} SS Prepared by/Contact/Return to: 312-793-3525  
County of Cook } 401 S. Clinton - 5th Floor  
} Chicago, IL 60607-3800

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

S Y  
P L  
S     
M X  
SC X  
E X  
INT [Signature]

