## **UNOFFICIAL COPY**

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE & FAMILY SERVICES** 



Doc# 1929745019 Fee ≇38.00

NOTICE AND CLAIM OF LIEN

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/24/2019 09:44 AM PG: 1 OF 1

[ ] INITIAL LIEN [X] RENEWAL

DATE OF INITIAL LIEN [6/30/2000]

Notice is here by given that I, Anna Maria Abbinante, 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 11 except the East 5 Feet thereof and the East 10 Feet of Lot 10 in Block 8 in Van Vlissinger Heights Subdivision, a Subdivision of the East 2/3rds of the Northwest 1/4 and the West 1/2 of the Northeast 1/4 of Section 12, Township 37 North, Range 14 and commonly known as 2058 E. 99th Street, Chicago, Illinois 60617.

P.I.N. 25-12-214-049-0000	04	
A legal or equitable interest in said described CLIENT NAME: PAULETTA HOLLOWAY ADDRESS: Burnham Heathcare, 14500 S		0-000745651 ENCE: 200
for any applicable cash assistance paid, u applicable amount of medical assistance paid. Aid Code if/while you reside/resided in the assigned case identification number.  DATE:	he Aged, Blind or Discibled (AABD) assistance pain inder Article III of the Illinois Public Aid Code, and/o paid out on your behalf under Article V of the Illinois community or in a medical institution, regardless	or any s Public of any
AUTHORIZ	ED REPRESENTATIVE, BUREAU OF COLLIECTI	ONS
State of Illinois	Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793 401 S. Clinton - 5th Floor	3123
County of Cook	} Chicago, IL 60607-3800	
, LACIE D. MATTHEMS	, Notary Public do hereby certify that Anna Mar	·ia
Abbinante, as an Authorized Representati	ive of the Bureau of Collections, Technical Recove	ry Section in
the Department of Healthcare and Family	Services, personally known to be the same person	n whose
name is subscribed to the foregoing instru	iment, 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.

Official Seal Lacie D Matthews Notary Public State of Illinois My Commission Expires 08/30/2023

HFS 237 (R-10-2006)

iven under my hand and seal this SRO day of OCTOBER ace D. Matthews Notary Public