UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN
[]



Doc# 2103349004 Fee \$38.00

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 02/02/2021 09:21 AM PG: 1 OF 1

Notice is hereby 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 21 in Block 2 in Gold Coast Estates, a Subdivision of parts of Blocks 7, 8 and 9, in Clairmont James J. Smith & Company's 4th Subdivision of Lots 1, 5, 6 and 7 in Luchtmeyer's Subdivision of the Southeast 1/4 of Section 2, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as 14038 South Finley Avenue, Robbins, Illinois 60472. P.I.N. 28-02-428-021-0000.

A legal or equitable interest in said described real estate is owned by: CASE ID #: 03-226-000485513

CLIENT NAME: ELIZABETH MCGEE COUNTY OF RESIDENCE: 226

ADDRESS: , 14038 South Finley Avenue, Robbins, IL 60472 2738

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: 129 2021 AUTHORIZED REPRÉSENTATIVE, BUREAU OF CO. LE CTIC

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

Abbinante, 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

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.

Given under my hand and seal this

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

HFS²37 (R-10-2006)

Notary Public

2914 day of JANUARY

IL478-0208