

# UNOFFICIAL COPY



STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE & FAMILY SERVICES

Doc# 2110546003 Fee \$38.00

NOTICE AND CLAIM OF LIEN

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/15/2021 09:56 AM PG: 1 OF 1

[ ] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[ 9/15/2006 ]

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 47 in Gray's Subdivision of East 3/4 of Block 16 in Steel's Subdivision of South East 1/4 and East 1/2 of South West 1/4 of Section 26, Township 39 North, Range 13, East of the Third Principal Meridian, according to the plat thereof recorded may 5, 1900 as Document Number 2956916 in Cook County, Illinois.

Property address: 2803 S Drake Ave, Chicago, IL 60623-4639  
PIN: 16-26-417-002-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-107-000030919**

CLIENT NAME: **AGNES LOPEZ**

COUNTY OF RESIDENCE: **107**

ADDRESS: Meadowbrook Manor, 431 W. Remington Blvd., Bolingbrook, IL 60440-4918

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: 3/26/21

*A. Abbinante*  
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

County of Cook

I, *Lacie D. Matthews*

Notary Public do hereby certify that Anna Maria 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.

} Healthcare and Family Services  
} Collections/Technical Recovery  
} Prepared by/Contact/Return to:  
} Attn: Lynn Dixon 217-557-7650  
} P.O. Box 19174  
} Springfield, IL, 62794-9174



Given under my hand and seal this 26th day of MARCH, A.D., 2021

*Lacie D. Matthews*  
Notary Public