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STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES



2113355020

Doc# 2113355020 Fee \$38.00

NOTICE AND CLAIM OF LIEN

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/13/2021 10:45 AM PG: 1 OF 1

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[10/13/2011]

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:

The South 152 feet of a tract of land in the Southeast 1/4 of Section 25, Township 36 North, Range 14, East of the Third Principal Meridian, described as follows: beginning at a point in the South line of said Southeast 1/4 of Section 25, Township 36 North, Range 14, East of the Third Principal Meridian, 924 feet East of the Southwest corner of said Southeast 1/4 thence East along said South line of said Southeast 1/4, a distance of 132 feet to a point; thence North along a straight line which makes an angle of 89degrees, 43' when turned from the West to North a distance of 330 feet to a point thence West along a line 330 feet North and parallel with said line of Southeast 1/4 distance of 132 feet thence South along a straight line 330 feet to a beginning all in Cook County, Illinois. Commonly known as: 17751 Bock Road, Lansing, Illinois 60438-1703
P.I.N. 29-25-400-048-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: 91-200-000974697

CLIENT NAME: EMMA DAL SANTO

COUNTY OF RES: 200

ADDRESS: Glenwood Healthcare/Rehab, 19330 S Cottage Grove Ave, Glenwood, IL 60425

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: 5/10/21

A. Abbinante

AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois

} Healthcare and Family Services
} Collections/Technical Recovery
} SS Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

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, 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.

Given under my hand and seal this
10th day of MAY, A.D., 2021

Lacie D Matthews

Notary Public

(SEAL)