

UNOFFICIAL COPY

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE & FAMILY SERVICES



Doc# 2120208095 Fee \$38.00

KAREN A. YARBROUGH
COOK COUNTY CLERK

DATE: 07/21/2021 02:57 PM PG: 1 OF 1

NOTICE AND CLAIM OF LIEN

[] INITIAL LIEN

[X] RENEWAL

DATE OF INITIAL LIEN

[12/15/2011]

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:

Lot 34 (except the South 2 feet thereof) and the South 10 feet of Lot 35 in Block 10 in New Roseland, being a Subdivision of part of fractional Section 33 North of Indian Boundary Line, and part of fractional Sections 28 and 33 South of Indian Boundary Line, all in Township 37 North, 14 Range, East of the Third Principal Meridian, in Cook County, Illinois.
Commonly known as: 12915 S. Parnell Ave, Chicago, IL 60628
P.I.N. 25-33-115-063-0000

A legal or equitable interest in said described real estate is owned by: CASE ID #: **91-200-000866872**
CLIENT NAME: **WALTER CUNNINGHAM** COUNTY OF RESIDENCE: **200**
ADDRESS: Pine Crest Health Care, 3300 W. 175 Street, Hazel Crest, IL 60429-1699

This lien/renewal is claimed for all Aid to the Aged, Blind or Disabled (A/B/D) 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: 7/1/2021

A. Abbinante
AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS

State of Illinois }
County of Cook } SS }
Healthcare and Family Services
Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3519
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800

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.



Given under my hand and seal this 1st day of July, A.D., 2021
Lacie D Matthews
Notary Public