

2010 075045

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 DEC 20 AM 9:11

MICHELLE B. FAJMAN  
RECORDER

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES

NOTICE OF CLAIM OF LIEN

[X ] INITIAL LIEN  
[ ] RENEWAL

DATE OF INITIAL LIEN  
[ ]

Notice is hereby given that I Janet Steele, acting in my official capacity of Manager, Technical Recovery Section for the Bureau of Collections of the Illinois 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:

2<sup>nd</sup> South Hammond Addition, S 64 1/2 feet, Lot M

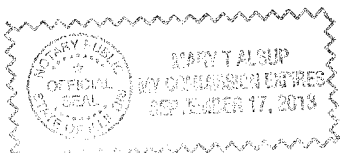
Property Address: 7012 Harrison Avenue, Hammond, IN 46324  
PIN: 45-06-12-401-017.000-23

Case Name: Gard, Dorothy Case ID # 91-030-079002  
ADDRESS West Suburban Nrs Rehab, 311 Edgewater Drive, Bloomingdale, IL 60108-1979  
This lien is claimed for all assistance paid to or on behalf of said client, under Article III and/or Article V of the Illinois Public Aid Code, and for payments made to preserve the said lien in accordance with statutory provisions.

DATE: 10/28/10 Jan Steele  
MANAGER, TECHNICAL RECOVERY SECTION  
Janet L Steele

State of Illinois }  
County of Sangamon } SS }  
Prepared By and Return To:  
Shirley Hill, HFS  
Post Office Box 19174  
Springfield, Illinois 62794-9174

I, Mary T. Alsup Notary Public do hereby certify that Janet Steele, Manager, Technical Recovery Section, Illinois 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  
28<sup>th</sup> day of October, A.D., 2010

Mary T. Alsup

AMOUNT \$ 11-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 1576  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS

E