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2011 DEC 14 AM 11:34

MICHAEL J. HUMAN
RECORDER

STATE OF ILLINOIS
DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES

NOTICE OF CLAIM OF LIEN

[X] INITIAL LIEN
[] RENEWAL

DATE OF INITIAL LIEN
[12/05/2011]

Notice is hereby given that I Anthony Weyant, 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:

Lot: 10 and 11 in Block 4 in Southlands Subdivision as per plat thereof, recorded in Plat Book 19, Page 2, in the Office of the Recorder of Lake County, Indiana. Situated in Lake County, State of Indiana.

Property address: 5642 Washington St, Merrillville, IN 46410
PIN: 45-12-04-280-012.000-31

CLIENT NAME: Halsall, Carol

CASE ID # 91-107-099306

ADDRESS: Hillcrest Nursing Rehab Center, 777 Draper, Joliet, IL 60435

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.

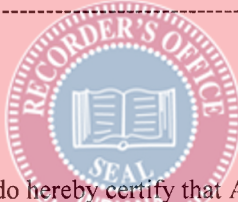
DATE: 12/6/11


AUTHORIZED REPRESENTATIVE, BUREAU OF COLLECTIONS
Anthony Weyant

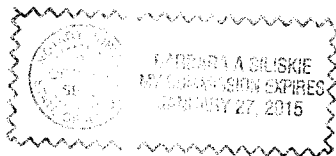
State of Illinois

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County of Sangamon



I, Barbara Siliskie Notary Public do hereby certify that Anthony Weyant, 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
6th day of December, A.D., 2011

Barbara Siliskie

AMOUNT \$ 11
CASH _____ CHARGE _____
CHECK # 1694
OVERAGE _____
COPY _____
NON-COM _____
CLERK AO

E