

# UNOFFICIAL COPY



Doc#: 0533441094 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 11/30/2005 11:08 AM Pg: 1 of 1

STATE OF ILLINOIS }  
DEPARTMENT OF }  
HEALTHCARE AND FAMILY SERVICES }  
County of Cook }

Notice Of Claim Upon Real Estate  
By Virtue of [ ] 305 ILCS 5/3-9  
[X] 305 ILCS 5/5-13

FOR: [X] MEDICAL ASSISTANCE  
[ ] BLIND ASSISTANCE  
[ ] AGED ASSISTANCE  
[ ] DISABILITY ASSISTANCE

NOTICE IS HEREBY GIVEN:

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

Lot 28, (except the South 5 feet), and the South 15 feet of Lot 29 in Block 1 in Kelly's Subdivision of the Southeast 1/4 of the Southeast 1/4 of the Northwest 1/4 of Section 5, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, and commonly known as 9049 South Elizabeth, Chicago, Illinois 60620-3515.

Renewal of Document #0010078867 filed on 01/30/2001  
P.I.N. 25-05-131-014-0000

THAT the assistance as checked above was awarded to:

**CHARLES DOTSON**

**93-232-B99892**

from 02/18/1996 through 04/01/2000; inclusive, in the aggregate amount of \$58,743.61.

THAT no part of said Assistance has been repaid to the Claimant, either by the recipient, their heirs, devisees, legatees, or by any other person(s) on behalf of the estate.

THAT the amount claimant demands for said Assistance is \$58,743.61, the said amount being now due and owing to the claimant.

THAT said \$58,743.61, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

ILLINOIS DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES  
Claimant

Illinois Dept. of Healthcare and Family Services  
Bureau of Collections  
Technical Recovery Section  
32 West Randolph St., 13th Floor  
Chicago, Illinois 60601-3412

*Thomas J. [Signature]*  
Authorized Representative

STATE OF ILLINOIS }  
COUNTY OF COOK }

ESTELL HARDIMAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof, and believes the same to be true.

*Estell Hardiman*  
Notary Public

Subscribed and sworn to before me this  
29 day of November, A.D., 2005.  
My commission expires 01-21-07

