

UNOFFICIAL COPY

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



Doc#: 0603127029 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/31/2006 11:28 AM Pg: 1 of 1

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:

Unit No. 3C in the Buffalo Place Condominiums as delineated on a survey of the following describe real estate:

Lots 15 to 20 inclusive in Block 66 in the subdivision made by Calumet and Chicago Canal and Dock Company of parts of fractional Sections 5 and 6, Township 37 Northj, Range 15, East of the Third Principal Meridian Which survey is attached as Exhibit "A" to the Declaration of Condominium recorded September 6, 2001 as Document No. 0010828245 together with its undivided percentage interest in the common elements, all in Cook County, Illinois. Commonly known as: 9126 South Buffalo Ave., Unit No. 3C, Chicago, IL 60617 P.I.N. 26-05-112-043-1019

THAT the assistance as checked above was awarded to:

GENEVA BROWN

91-200-861389

from 08/23/2005 through 10/14/2005; inclusive, in the aggregate amount of \$6,429.92.

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 \$6,429.92, the said amount being now due and owing to the claimant.

THAT said \$6,429.92, 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

By Thomas [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
26 day of January, A.D., 2006.
My commission expires 1-21-07



Box 348