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

Doc#: 0613639079 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/16/2006 11:09 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:

The South 16 feet of Lot 19 and the North 16 feet of Lot 20 in Block 1 in Dunham's Subdivision of Blocks 1 and 2 in Harding's Subdivision of the West 1/2 of the Northeast 1/4 of Section 11, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, and commonly known as 712 N. Homan Avenue, Chicago, Illinois 60624.

Renewal of Document #0010461032 filed on 05/31/2001
P.I.N. 16-11-203-038-0000.

THAT the assistance as checked above was awarded to:

LOTTIE CALDWELL

91-227-682392

from 04/26/1995 through 06/30/1995; inclusive, in the aggregate amount of \$34,124.63.

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 \$34,124.63, the said amount being now due and owing to the claimant.

THAT said \$34,124.63, 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 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.

[Signature]
Notary Public

Subscribed and sworn to before me this 08 day of May, A.D., 2006.
My commission expires 01-21-07



HFS 289 (R-4-99)

Box 348