UNOFFICIAL COPY

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

Doc#: 0616641092 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 06/15/2008 11:59 AM Pg: 1 of 1

NOTICE IS HE'KEBY GIVEN:

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

All of Lot 17 the South it level of Lot 18 in block 3 in Calumet Sibley Center First Addition being a Subdivision in the East 1/2 of the Northeast 1/4 of Section 10, Township 36 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois. Com no illy known as: 14845 S. Champlain, Dolton, Illinois.

Renewal of Document #001065177′2 filed on 07/20/2001 P.I.N. 29-10-223-045-0000.

THAT the assistance as checked above was awarded to:

**IDA ALLEN** 

91-200-718673

from 05/19/1997 through 01/08/2001; inclusive, in the aggregate amount of \$5,949.02.

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.

-004

THAT the amount claimant demands for said Assistance is \$5,949.02, the said amount being now due and owing to the claimant.

THAT said \$5,949.02, 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 Fy Family Services

of Healthcare and Authorized Representative ces

STATE OF ILLINOIS
COUNTY OF COOK

Bureau of Collections

Technical Recovery Section 32 West Randolph St., 13th Floor

Chicago, Illinois 60601-3412

LESIEN HARDIMA 1), 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.

Subscribed and sworn to before me this

My commission expires 0/-2/-0

, A.D., <u>200-</u>

OFFICIAL SEAL ESTELL HARDIMAN

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 01-21-07 L478-2317

HFS 289 (R-4-99)

Box 348