UNOFFICIAL CC

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Doc#: 0622720191 Fee: \$26.00 Eugene "Gene" Moore Notice Of Claim Upon Real Estate Cook County Recorder of Deeds By Virtue of [] 305 ILCS 5/3-9 Date: 08/15/2006 10:53 AM Pg: 1 of 1 [X] 305 ILCS 5/5-13 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HE'KEBY GIVEN: That the Illinois Derartment of Healthcare and Family Services asserts a claim upon the premises legally described Lot Twenty-one (21) in Erco: Five (5) in Merrionette Manor First Addition, being a Subdivision of part of the East Half (1/2) of the Northeast Quarter (1/4) of Section 12, North of the Indian Boundary Line, Township 37 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof registered in the Office of the Registrar of Titles as Document No. 1196452. Commonly known as: 9612 South Oglesby, Chicago, Illinois 60617. Renewal of Document # 0010811259 riled on 08/31/2001 P.I.N. 25-12-231-026-0000. 04, THAT the assistance as checked above was awarded to: **MARTHA MACK** 93-218-587027 from 01/01/1990 through 11/16/2000; inclusive, in the aggregate amount of \$167,901.70. 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 \$167,901.70, the said amount being now due and owing to the claimant. THAT said \$167,901.70, 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 By Authorized Representative **Family Services** STATE OF ILLINOIS **Bureau of Collections Technical Recovery Section** COUNTY OF COOK 32 West Randolph St.. 13th Floor Chicago, Illinois 60601-3412 $\frac{1}{2}$, 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 OFFICIAL SEAL

Box 348

ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES: 01-21-07 | L47/8-2317

My commission expires _a_

HFS 289 (R-4-99)