## **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#: 0624310077 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 08/31/2006 11:15 AM Pg: 1 of 1
NOTICE IS HEREBY GIVEN:  That the Illinois Department of Healthcare ar as:  Lot 16 and the North Tuline at of Lot 17 in Blo Quarter of the Southwest Objection	ock 3 in Croissant Park Markha	m Wells First Addition in the Northwest
in Cook County, Illinois. Cornmonly know	on as: 14727 South Troy, Pose	n, IL 60469
THAT the assistance as checked above was FRANCES ODONNELL from 08/05/2004 through 04/20/2006; inclus THAT no part of said Assistance has been regatees, or by any other person(s) on behalf	ive, in the aggregate amount o	91-200-841441 f \$56,426.89. y the recipient, their heirs, devisees,
THAT the amount claimant demands for sai to the claimant.	d Assistance is \$56,426.89, the	
THAT said \$56,426.89, is hereby asserted be SERVICES as a claim upon the described r	eal estate. ILLI HE/ Cla	NOIS DEPARTMENT OF ALTHCARE AND FAMILY  NOIS DEPARTMENT OF ALTHCARE AND FAMILY SERVICES imant
STATE OF ILLINOIS } COUNTY OF COOK }	Illinois Dept. of Healthcare and Family Services Bureau of Collections Technical Recovery Section 32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412	Authorized Representative
authorized agent and representative of the in and for the County of Cook, and claiman thereof, and believes the same to be true.	ILLINOIS DEPARTMENT OF F	oses and says that they are an HEALTHCARE AND FAMILY SERVICES, has read the same, knows the contents  Notary Public
Subscribed and sworn to before me this  2 2 day of  My commission expires 1-21-07	, A.D., <u>2006</u>	OFFICIAL SEAL ESTELL HARDIMAN
HFS 289 (R-4-99)	} }	NOTARY PUBLIC - STATE OF ILLINOIS 478-2317 MY COMMISSION EXPIRES: 01-21-07

Box 348