

UNOFFICIAL COPY

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



Doc#: 0712226194 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/02/2007 12:56 PM 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 5 feet of Lot 6 and all of Lot 7 in Block 3 in Glover's Subdivision of the East half of the Southwest Quarter of the Southeast Quarter of Section 4, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 841 N. LeClaire Avenue, Chicago, Illinois 60651-3015.

Renewal of Document Number 97556071 filed on July 31, 1997.
Also Document #0020674402 filed on 08/17/2002
P.I.N. 16-04-425-006-0000

THAT the assistance as checked above was awarded to:

MARY MOREHEAD

91-237-597163

from 11/01/1991 through 08/11/1996; inclusive, in the aggregate amount of \$11,344.47.

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 \$11,344.47, the said amount being now due and owing to the claimant.

THAT said \$11,344.47, 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

Thomas Sajdak
Authorized Representative

STATE OF ILLINOIS

} Bureau of Collections
} Technical Recovery Section
} 32 West Randolph St., 13th Floor
} Chicago, Illinois 60601-3412

COUNTY OF COOK

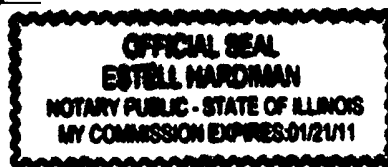
ESTELL HARDIMAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof, and believes the same to be true.

Estell Hardiman
Notary Public

Subscribed and sworn to before me this
18 day of APRIL, A.D., 2007.
My commission expires 01-21-11

HFS 289 (R-4-99)

Box 348



478-2317