UNOFFICIAL	
STATE OF ILLINOIS  DEPARTMENT OF  HEALTHCARE AND FAMILY SERVICES  County of Cook  }	Doc#: 0722826104 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds
Notice Of Claim Upon Real Estate  By Virtue of [ ] 305 ILCS 5/3-9  [X] 305 ILCS 5/5-13	Cook County Hecolder 3. 55 Pg: 1 of 1 Date: 08/16/2007 12:06 PM Pg: 1 of 1
FOR: [ ] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [X] DISABILITY ASSISTANCE	
NOTICE IS HEREBY GIVEN:	
That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:	
Lot 23 in Block 4 in Mc7' erson & Allenton's Addition to Chicago, said Addition being a Subdivision of Block 25 in Canal Trustees' Subdivision of Section 33, Township 39 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Common'y known as: 3804 South Union, Chicago, Illinois 60609-1652.	
P.I.N. 17-33-322-024-0000	
Renewal of Document Number 9546182F, Recorded on 07/17/1995. Also Renewal of Document # 0021132321_filed on 10/16/2002	
THAT the assistance as checked above was awarded to:  MARY RAMOS	93-203-097829
from 12/30/1977 through 10/03/1994; inclusive, in the aggregate ario	
THAT no part of said Assistance has been repaid to the Claimant, eith legatees, or by any other person(s) on behalf of the estate.	by the recipient, their heirs, devisees,

93-203-097829

THAT the amount claimant demands for said Assistance is \$5,817.90, the said amount being now due and owing to the claimant.

THAT said \$5,817.90, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALI HCARE AND FAMILY SERVICES as a claim upon the described real estate.

> ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and y Authorized Representative **Family Services Bureau of Collections Technical Recovery Section** 32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412

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

STATE OF ILLINOIS

COUNTY OF COOK

My commission expires **Q** 

HFS 289 (R-4-99)

OFFICIAL SEAL

478-2317

Box 348