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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#: 0731935216 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds

Date: 11/15/2007 09:59 AM Pg: 1 of 1

NOTICE IS HEREBY GIVEN:

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

Lot 2 in Block "C" in Somenschein and Solomons Park Manor Subdivision of Block 5, 7 and 12 in the Subdivision of the East 1/2 of the Southwest 1/4 of Section 22, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6934 S. Prairie Ave., Chicago, Illinois 60637 P.I.N. 20-22-317-016-0000

THAT the assistance as checked above was awarded to

MABLE DAVIS

93-200-646861

from 07/19/1999 through 03/18/2007; inclusive, in the aggregate amount of \$18,534.31.

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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 \$18,534.31, the said amount being now due and owing to the claimant.

THAT said \$18,534.31, 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 an By.

Family Services

Authorized Representative

STATE OF ILLINOIS

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

COUNTY OF COOK

HARD IMAN 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 <u>/ ∕/ </u> day of _

My commission expires

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS

278-2317

HFS 289 (R-4-99)

Box 348