## UNOFFICIAL CC

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#: 0735126027 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 12/17/2007 10:27 AM Pg: 1 of 1

NOTICE IS HEREBY GIVEN:

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

Lot 8 and the North half of Lot 9 (except that part of Lot 8 and the North half of Lot 9 lying East of a line 50 feet West of and parallel with the East line of Section 5 conveyed to the city of Chicago by Document 10389127) in the Resubdivision of Block 5 in Sisson and Newman's Subdivision of that part of te Northeast quarter of Section 5, Township 37 North, Range 14 East of the Third Principal Meridian, lying East of the Chicago, Rock Island and Pacific Railroad, in Cook County, l'innois Commonly known as: 8818 S. Halsted St, Chicago, Illinois 60620 P.I.N. 25-05-216-030-0000

THAT the assistance as checked above was awarded to:

## THEODORE ODOM

91-200-891548

from 03/01/2007 through 07/09/2007; inclusive, in the aggregate an ount of \$6,061.21.

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.

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THAT the amount claimant demands for said Assistance is \$6,061.21, the said amount being now due and owing to the claimant.

THAT said \$6,061.21, 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

> > Authorized Representative

Illinois Dept. of Healthcare and

Family Services Bureau of Collections

COUNTY OF COOK

STATE OF ILLINOIS

**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 # day of \_

My commission expires 01-21-

HFS 289 (R-4-99)

OFFICIAL SEAL **ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLINOTS MY COMMISSION EXPIRES:01/21/11

Box 348