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

NOTICE IS HEREBY GIVEN:



Doc#: 0813733106 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 05/16/2008 11:33 AM Pg: 1 of 1

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

Lot 38 (except the North 25 feet) and the North 35 feet of Lot 37 in Jim Jam Resubdivision of part of Gold Coast 4th addition to Calumet City in Section 20 and 29, Township 36 North, Range 15, East of the Third Principal Meridian, as per Plat thereof recorded August 7, 1951, as Document Number 15141386, in Cook County, Illinois. Commonly known as: 1695 Shirley, Calumet City, Illinois 60409 P.I.N. 30-29-207-054-0000

THAT the assistance as checked above was awarded to:

ANTHONY ADDUCI

91-213-679782

from 02/01/2001 through 03/09/2007; inclusive, in the aggregate amcun. of \$8,156.32.

THAT no part of said Assistance has been repaid to the Claimant, eithe 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 \$8,156.32, the said amount being now due and owing to the claimant.

THAT said \$8,156.32, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTF CARE AND FAMILY SERVICES as a claim upon the described real estate.

ILLINOIS DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES
Claimant

Illinois Dept. of Healthcare and

Authorized Representative

STATE OF ILLINOIS

COUNTY OF COOK

Family Services
Bureau of Collections

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

LSTEW MANN, 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.

Notary Public

Subscribed and sworn to before me this

*⊘6*_ day of ___

My commission expires ρ /

_, A.D., *Loos* .

OFFICIAL SEAL
ESTELL HARDIMAN
NOTARY PUBLIC - STATE OF ILLING 47
MY COMMISSION EXPIRES:01/21/11

HFS 289 (R-4-99)

Box 348