UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Doc#: 0816533131 Fee: \$26.00 Eugene "Gene" Moore Notice Of Claim Upon Real Estate Cook County Recorder of Deeds By Virtue of [] 305 ILCS 5/3-9 Date: 06/13/2008 10:52 AM Pg: 1 of 1 [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 Lot 183 in William B. Wrasl's Subdivision of the West half of the Northwest Quarter of thr South West Quarter of Section 2, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1130 N. Springtiel a Ave., Chicago, Illinois 60651 P.I.N. 16-02-301-032-0000)x Cook (THAT the assistance as checked above was awarded to: LILLIE BALLARD 93-237-479885 from 07/01/1996 through 12/14/2006; inclusive, in the aggregate arricunt of \$198,309.14. 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 \$198,309.14, the said amount being now due and owing to the claimant. THAT said \$198,309.14, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTM'-NT OF HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare andy Authorized Representative **Family Services** STATE OF ILLINOIS **Bureau of Collections Technical Recovery Section** COUNTY OF COOK 32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412 AKDUMA, 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 #1-21-OFFICIAL SEAL **ESTELL HARDIMAN**

Box 348

NOTARY PUBLIC - STATE OF ILLINO1478-2317
MY COMMISSION EXPIRES:01/21/11

HFS 289 (R-4-99)