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	Doc#: 0816533138 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 06/13/2008 10:53 AM Pg: 1 of 1
NOTICE IS HEASBY GIVEN:	
That the Illinois Department of Healthcare and Family S as:	ervices asserts a claim upon the premises legally described
	s 60643
THAT the assistance as checked above was awarded t	o: 93-213-534805
HELEN PEARSON from 10/12/1990 through 08/16/2006; inclusive, in the a	70
	e Claimant, either by the recipient, their heirs, devisees,
THAT the amount claimant demands for said Assistant to the claimant.	e is \$25,068.70, the said amount being now due and owing
THAT said \$25,068.70, is hereby asserted by the ILLIN SERVICES as a claim upon the described real estate.	OIS DEPARTMENT OF HEALTH CARE AND FAMILY
Illinois Dept.	of Healthcare and Authorized Representative
Bureau of Co	ollections
32 West Rar	covery Section Idolph St., 13th Floor Iois 60601-3412
authorized agent and representative of the ILLINOIS D	orn upon oath, deposes and says that they are an EPARTMENT OF HEALTHCARE AND FAMILY SERVICES, going claim, that he has read the same, knows the contents
•	Notary Public
Subscribed and sworn to before me this A day of	A.D., 208.
My commission expires <u>O(-2/-</u> !/	OFFICIAL SEAL
HFS 289 (R-4-99)	ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/11
_ 2.	10

Box 348