UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook }	Doc#: 0818233176 Fee: \$26.00
Notice Of Claim Upon Real Estate	Eugene "Gene" Moore
By Virtue of [] 305 ILCS 5/3-9	Eugene "Gene Moorder of Deeds Cook County Recorder of Deeds Date: 06/30/2008 01:15 PM Pg: 1 of 1
[X] 305 ILCS 5/5-13	Date: 06/30/2003 5 1
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE	
NOTICE IS P'EPEBY GIVEN:	
That the Illinoic Department of Healthcare and Fami as:	y Services asserts a claim upon the premises legally described
of Section 27, Township 39 North, Range 14, East of Commonly known as: 7748 3. St. Lawrence Ave., C	
THAT the assistance as shocked shows was guard	
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THAT the assistance as checked above was award	iù iù.
VIVIAN L LUMPKIN from 01/01/2005 through 11/11/2007; inclusive, in the	91-218-836855
_	the Claimant, eifner by the recipient, their heirs, devisees,
legatees, or by any other person(s) on behalf of the estate.	
to the claimant.	ance is \$6,884.64, the said amount being now due and owing
THAT said \$6,884.64, is hereby asserted by the ILLINOIS DEPARTMENT OF HEAL THCARE AND FAMILY SERVICES as a claim upon the described real estate.	
	ILLINOIS DEPARTMENT OF
	HEALTHCARE AND FAMILY SERVICES
	Claimant
	ept. of Healthcare and By homes Again
Family S	
Duidado	f Collections Recovery Section
COUNTY OF COOK 32 West	Randolph St., 13th Floor
	illinois 60601-3412 sworn upon oath, deposes and says that they are an
authorized agent and representative of the ILLINOIS	DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, pregoing claim, that he has read the same, knows the contents
	Ester Houleman
	Notary Public
Subscribed and sworn to before me this	10 7-48
My commission expires $0/2/7/1$	_, A.D., <u>2508</u> .
,	OFFICIAL SEAL ESTELL HARDIMAN
HFS 289 (R-4-99)	NOTARY PUBLIC - STATE OF ILLINO 18 2317 MY COMMISSION EXPIRES:01/21/11

Box 348