UNOFFICIA

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate By Virtue of [X] 305 ILCS 5/3-9 [] 305 ILCS 5/5-13 FOR: [] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [X] AGED ASSISTANCE [] DISABILITY ASSISTANCE

Doc#: 0907512084 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 03/16/2009 11:03 AM Pg: 1 of 1

NOTICE IS HEKEBY GIVEN:

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

Lot 9 in George W. Calkins Subdivision of the West 1/2 of the Northeast 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 17, Township 33 North, Range 14, East of the Third Principal Meridian, (except the West 33 feet thereof taken for Street) in Cook County, Illinois. Commonly known as: 5938 S. Bishop St., Chicago, Illinois 60636-1715

P.I.N. 20-17-302-028-0000

THAT the assistance as checked above was awarded to:

ESTELLE CALVERT

01-208-502428

from 09/17/1985 through 11/25/2008; inclusive, in the aggregate amount of \$43,082.17.

*C004

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 \$43,082.17, the said amount being now due and owing to the claimant.

THAT said \$43,082.17, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

Family Services

ILLINOIS DEPARTMENT (F HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and Authorized Representative

STATE OF ILLINOIS

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

COUNTY OF COOK

STEIL HAKDIMAN, 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 t

O 4 day of My commission expires

OFFICIAL SEAL **ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLIN MY COMMISSION EXPIRES 01/2171

HFS 289 (R-4-99)

Box 348