## UNOFFICIA

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#: 0918105173 Fee: \$38.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 06/30/2009 12:17 PM Pg: 1 of 1

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

Lot 1491 in Frederick H. Sartlett's Greater Chicago Subdivision Number 2, being a Subdivision of that part of the North 1/2 of the North 1/2 of the Northeast 1/4 of Section 15, Township 37 North, Range 14, East of the Third Principal Meridian, lying West of and adjoining the Illinois Central Roalroad right of way, in Cook County, Illinois. Commonly known as: 10327 S. king Drive, Chicago, Illinois 60628 P.I.N. 25-15-200-013-0000

THAT the assistance as checked above was awarded to:

## **DOROTHY DANIELS**

91-200-781140

from 01/01/2002 through 01/02/2009; inclusive, in the aggregate anount of \$239,023.30.

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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 \$239,023.30, the said amount being now due and owing to the claimant.

THAT said \$239,023.30, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

> ILLINOIS DEPARTM':NT DF HEALTHCARE AND FAMILY SERVICES Claimant

> > Authorized Représentative

nomes

Illinois Dept. of Healthcare and By

**Family Services** 

**Bureau of Collections** 

**Technical Recovery Section** 

32 West Randolph St., 13th Floor

Chicago, Illinois 60601-3412

HARDIMAN, 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

HFS 289 (R-4-99)

STATE OF ILLINOIS

COUNTY OF COOK

My commission expires

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS IL 478-2317 MY COMMISSION EXPIRES:01/21/11

Box 348