

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#: 1001535133 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/15/2010 11:18 AM Pg: 1 of 1

NOTICE IS HEREBY GIVEN:

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

Lot 13 and 14 (Except the West 2 feet and 10 inches thereof) in the Subdivision of Block 18 in Superior court partition of the West 1/2 of the Northwest 1/4 of Section 4, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Commonly known as: 636 West 43rd Street, Chicago, Illinois 60609.

Renewal of Document # 00297709 filed on 04/28/2000
Renewal of Document #0510541044, filed on 04/15//2005
P.I.N. 20-04-125-033-0000.

THAT the assistance as checked above was awarded to:

LEONARD SHAUGHESY

91-203-569751

from 05/01/1990 through 08/13/1999; inclusive, in the aggregate amount of \$6,409.29.

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 \$6,409.29, the said amount being now due and owing to the claimant.

THAT said \$6,409.29, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

ILLINOIS DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES
Claimant

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

Thomas Sajdak
Authorized Representative

STATE OF ILLINOIS }

COUNTY OF COOK }

ESTELL 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.

Estell Hardiman
Notary Public

Subscribed and sworn to before me this
21 day of December, A.D., 2009
My commission expires 01-21-11



HFS 289 (R-4-99)

Box 348