UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook	2321332
Notice Of Claim Upon Real Estate	Doc#: 1032133085 Fee: \$38.00
By Virtue of [] 305 ILCS 5/3-9	Eugene "Gene" Moore Cook County Recorder of Deeds
[X] 305 ILCS 5/5-13	Date: 11/17/2010 11:24 AM Pg: 1 of 1
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE	
NOTICE IS HELEBY GIVEN:	
as:	nd Family Services asserts a claim upon the premises legally described
Lot 17 in Block 1 in Mc nicesh Brothers' State North, Range 14, East of the Third Principal I Perry Ave., Chicago, Illinois 60/630-1148 Renewal of Document #0603127033 filed o P.I.N. 20-33-206-017-0000	Street Addition to Chicago in the East Half of Section 33, Township 38 Meridian, in Cook County, Illinois. Commonly known as: 7933 South on 01/31//2006
	awarded to:
THAT the assistance as checked above was CORNELIA GREER	awarded to:
	91-200-666437
from 12/12/1996 through 05/22/2005: inclusive	
	ve, in the aggregate arr ovint of \$235,259.29.
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf	we, in the aggregate arrownt of \$235,259.29. Apaid to the Claimant, either by the recipient, their heirs, devisees, for the estate.
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant.	paid to the Claimant, either by the recipient, their heirs, devisees, for the estate. Assistance is \$235,259.29, the said amount being now due and
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by	paid to the Claimant, either by the recipient, their heirs, devisees, f of the estate. Assistance is \$235,259.29, the state and the impound being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described real services.	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the said amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted be SERVICES as a claim upon the described reserved.	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the said amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant White Claimant Claimant Authorized Representative
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described real SERVICES as a Claim upon the described real STATE OF ILLINOIS STATE OF ILLINOIS COUNTY OF COOK	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the stack amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Hinois Dept. of Healthcare and Authorized Representative Sureau of Collections Technical Recovery Section 32 West Randolph St., 13th Floor
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described results of the said said of the said services as a claim upon the described results of the said said of the said said of the said said said said said said said said	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the state amount being now due and by the ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES Claimant White the control of Healthcare and the surface of Collections and the control of Collections (Source of Collections) (Sourc
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described real SERVICES as a claim upon the described real STATE OF ILLINOIS COUNTY OF COOK THO MAS SAMME, being first agent and representative of the ILLINOIS DE	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the stack amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Hinois Dept. of Healthcare and Authorized Representative Sureau of Collections Technical Recovery Section 32 West Randolph St., 13th Floor
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted to SERVICES as a claim upon the described results of the ILLINOIS ASSISTANCE OF ILLINOIS ASSISTANCE OF ILLINOIS ASSISTANCE OF THE ILLINOIS DEITHE County of Cook, and claimant in the foregoing the County of Cook, and claimant in the foregoing the ILLINOIS DEITHE ILLINOIS DEITHE COUNTY OF COOK, and claimant in the foregoing the ILLINOIS DEITHE ILLINOIS DEITHE COUNTY OF COOK, and claimant in the foregoing the ILLINOIS DEITHE ILLINOIS DEITH	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the said amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Hinois Dept. of Healthcare and Authorized Representative Sureau of Collections Technical Recovery Section 32 West Randolph St 13th Floor Chicago, Illinois 60601-3412 st duly sworn upon oath, deposes and says that they are an authorized PARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for joing claim, that he has read the same, knows the contents thereof,
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described read SERVICES as a claim upon the described re	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the state amount being now due and by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant White including the state and services and services are an authorized part of Healthcare and services and says that they are an authorized PARTMENT OF HEALTHCARE AND FAMILY SERVICES in and for the services are and says that they are an authorized part ment of the services are and says that they are an authorized part ment of the services in and for the services are and says that they are an authorized part ment of the services in and for the services are and says that they are an authorized part ment of the services in and for the services are services and says that they are an authorized part ment of the services are services.
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described read segment and representative of the ILLINOIS DESTRUCTION of Cook, and claimant in the foregound believes the same to be true.	we, in the aggregate arrount of \$235,259.29. Apaid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the stack amount being now due and by the ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and Authorized Representative Bureau of Collections Technical Recovery Section 32 West Randoiph St. 13th Floor Chicago, Illinois 60601-3412 st duly sworn upon oath, deposes and says that they are an authorized PARTMENT OF HEALTH CARE AND FAMILY SERVICES, in and for loing claim, that he has read the same, knows the contents thereof, Notary Public
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described read SERVICES as a claim upon the described re	paid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the stack amount being now due and by the ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and Authorized Representative Bureau of Collections Technical Recovery Section 32 West Randoiph St. 13th Floor Chicago, Illinois 60601-3412 st duly sworn upon oath, deposes and says that they are an authorized PARTMENT OF HEALTH CARE AND FAMILY SERVICES, in and for loing claim, that he has read the same, knows the contents thereof, OFFICIAL SEAL
THAT no part of said Assistance has been re legatees, or by any other person(s) on behalf THAT the amount claimant demands for said owing to the claimant. THAT said \$235,259.29, is hereby asserted by SERVICES as a claim upon the described read segment and representative of the ILLINOIS DESTRUCTION of Cook, and claimant in the foregound believes the same to be true.	we, in the aggregate arrount of \$235,259.29. Apaid to the Claimant, either by the recipient, their heirs, devisees, of the estate. Assistance is \$235,259.29, the stack amount being now due and by the ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY all estate. ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and Authorized Representative Bureau of Collections Technical Recovery Section 32 West Randoiph St. 13th Floor Chicago, Illinois 60601-3412 st duly sworn upon oath, deposes and says that they are an authorized PARTMENT OF HEALTH CARE AND FAMILY SERVICES, in and for loing claim, that he has read the same, knows the contents thereof, Notary Public