UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICE County of Cook	} Doc#: 1032133086 Fee; \$38,00
Notice Of Claim Upon Real Estate By Virtue of [] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13	Eugene "Gene" Moore Cook County Recorder of Deeds Date: 11/17/2010 11:24 AM Pg: 1 of 1
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HEKEBY GIVEN:	
That the Illinois Legatment of Healthcaras: Lot 32 and the North 1/2 of Lot 31 in Blo Subdivision of the East Half of the South Principal Meridian, in Cook County, Illino Renewal of Document #0603127031 fill P.I.N. 16-05-415-013-0000	
	was awarded to: 91-237-797482
TUAT the engisteers on shoot and should	
from 07/01/2004 through 05/31/2005; inc THAT no part of said Assistance has bee	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either by the recipient, their heirs, devisees,
from 07/01/2004 through 05/31/2005; inc THAT no part of said Assistance has be legatees, or by any other person(s) on b	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either by the recipient, their heirs, devisees,
from 07/01/2004 through 05/31/2005; income of the state o	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either by the recipient, their heirs, devisees, ehalf of the estate. said Assistance is \$7,778.74, the said amount being now due and owing the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY
from 07/01/2004 through 05/31/2005; inc THAT no part of said Assistance has bee legatees, or by any other person(s) on b THAT the amount claimant demands for to the claimant. THAT said \$7,778.74, is hereby asserted	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either by the recipient, their heirs, devisees, ehalf of the estate. said Assistance is \$7,778.74, the said amount being now due and owing the illinois department of HEALTHCARE AND FAMILY and real estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant
from 07/01/2004 through 05/31/2005; inc THAT no part of said Assistance has bee legatees, or by any other person(s) on b THAT the amount claimant demands for to the claimant. THAT said \$7,778.74, is hereby asserted	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either hy the recipient, their heirs, devisees, ehalf of the estate. said Assistance is \$7,778.74, the said amount being now due and owing the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY and real estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and By Family Services Authorized Representative
from 07/01/2004 through 05/31/2005; income of the state of the claimant demands for to the claimant. THAT said \$7,778.74, is hereby asserted SERVICES as a claim upon the described.	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either hy the recipient, their heirs, devisees, ehalf of the estate. said Assistance is \$7,778.74, the said amount being now due and owing to by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY and real estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and By Authorized Representative
from 07/01/2004 through 05/31/2005; income of the claimant. THAT the amount claimant demands for to the claimant. THAT said \$7,778.74, is hereby asserted SERVICES as a claim upon the describe SERVICES as a claim upon the describe country of cook. THOM AS SALDA L., beir agent and representative of the ILLINOIS	clusive, in the aggregate amount of \$7,778.74. en repaid to the Claimant, either by the recipient, their heirs, devisees, ehalf of the estate. said Assistance is \$7,778.74, the said amount being now due and owing down the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY and real estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Illinois Dept. of Healthcare and By Family Services Bureau of Collections Technical Recovery Section 32 West Randolph St., 13th Floor

Box 348

HFS 289 (R-4-99)

ESTELL HARDIMAN

MY COMMISSION EXPIRES:01/21/11

NOTARY PUBLIC - STATE OF ILLINO1478 2317