UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF **HEALTHCARE AND FAMILY SERVICES** County of Cook Doc#: 1118126143 Fee: \$38.00 Notice Of Claim Upon Real Estate Eugene "Gene" Moore Cook County Recorder of Deeds By Virtue of [] 305 ILCS 5/3-9 Date: 06/30/2011 11:01 AM Pg: 1 of 1 [X] 305 ILCS 5/5-13 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HEREDY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described Lot 7 and the North 10 feet of Lot 8, in Block 6, in Berenice Villa, being a Subdivision of the Southeast 1/4 of the Northeast 1/4 of Section 30, Toyinship 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 17326 Lorenz Avenue, Lansing, Illinois 60438-1223. Renewal of Document # 0010811261 filed on 08/31/2001 Renewal of Document # 0622720192 filed on 1 8/31/2006 104 COUP. P.I.N. 30-30-222-041-0000. THAT the assistance as checked above was awarded to: CASE ID#: 91-226-735403 COUNTY OF RESIDENCE: 226 CASE NAME: JAMES MURPHY from 04/01/1999 through 02/14/2001; inclusive, in the aggregate amount of \$5,733.00. 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 \$5,733.00, the said amount being now due and owing to the claimant. THAT said \$5,733.00, 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 By Family Services Authorized Representative **Bureau of Collections** STATE OF ILLINOIS **Technical Recovery Section** 32 West Randolph St., 13th Floor COUNTY OF COOK Chicago, Illinois 60601-3412 312-793-3529 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 My commission expires #/ OFFICIAL SEAL

Box 348

HFS 289 (R-4-99)

ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:01/21/15

78-2317