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 NOTICE IS HEREBY GIVEN:	Titl8126145 Doc#: 1118126145 Fee: \$38.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 06/30/2011 11:05 AM Pg: 1 of 1
That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:	
Lot 24 in Block 5 in Shennar, and Krutz's Roseland Park Addition to Pullman, A Subdivision of Part of the Southwest 1/4 of the Northeast 1/4 of Section 21, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 346 W. 115th Street, Chicago, Illinois 60628 Renewal of Document # 06227201 0, filed on 08/15//2006 P.I.N. 25-21-224-040-0000 THAT the assistance as checked above was awarded to: CASE ID#: 93-236-B24442 CASE NAME: JULIA ROBINSON COUNTY OF RESIDENCE: 236	
THAT the assistance as checked above was awarded to:	CASE ID# :93-236-B24442
CASE NAME: JULIA ROBINSON COUNTY OF RESIDENCE: 236 from 05/01/1995 through 05/13/2006; inclusive, in the aggregate amount of \$53,960.82. 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 \$53,960.82, the said amount being now due and owing to the claimant.	
THAT said \$53,960.82, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTH WRE AND FAMILY SERVICES as a claim upon the described real estate.	
ILLI HE	ALTHCARE AND FAMILY SERVICES imant Thomas Jacobak Authorized Representative
Technical Recovery Section COUNTY OF COOK Technical Recovery Section 32 West Randolph St., 13th Floor	
Chicago, Illinois 60601-3412 312-793-3529 Hewas San Dak , 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 0/- 2/- 1	

Box 348

HFS 289 (R-4-99)

NOTARY PUBLIC - STATE OF ILLINOIS-48-2317
MY COMMISSION EXPIRES:01/21/15