## **UNOFFICIAL COPY**

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Doc#: 1122742022 Fee: \$38.00 Eugene "Gene" Moore Notice Of Claim Upon Real Estate Cook County Recorder of Deeds By Virtue of [ ] 305 ILCS 5/3-9 Date: 08/15/2011 10:59 AM Pg: 1 of 1 [X] 305 ILCS 5/5-13 FOR: [X] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [ ] DISABILITY ASSISTANCE NOTICE 'S HEREBY GIVEN: That the Illinuis Department of Healthcare and Family Services asserts a claim upon the premises legally described Lot 19 in Block 7 in Storkey's Subdivision of Auburn a Resubdivision of Blocks 1 to 16. inclusive, except Railroad land in Block 15 and 16 aid except Lot 10 in Block 3, Lots 3 and 4 in Block 7, and except Lot 4 in the North 1/2 of Lot 5 in Block 10 and Lot 12 in Block 12, a Subdivision of the West 1/2 of the Southwest 1/4 of Section 28, Township 38 North, Range 14 Fast of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7733 S. Union, Chicago, Illincis 60020 P.I.N. 20-28-316-010-0000 004 THAT the assistance as checked above was awarded \ CASE ID#: 91-236-888794 CASE NAME: EVELYN MOORE COUNTY OF RESIDENCE: 200 from 09/24/2008 through 10/28/2010; inclusive, in the aggregat  $\Rightarrow$   $\varepsilon$  mount of \$2,740.03. 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 \$2,740.03, the said amount being now due and owing to the claimant. THAT said \$2,740.03, 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 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 THOMRS SAIDAK, 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. Notary Public Subscribed and sworn to before me this My commission expires **o**/-OFFICIAL SEAL **ESTELL HARDIMAN** 

Box 348

HFS 289 (R-4-99)

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