UNOFFICIAL COP

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

1124333046 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 08/31/2011 10:51 AM Pg: 1 of 1

NOTICE !: HEREBY GIVEN:

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described

The East 20 feet of the West 106.53 feet (as measured on the North and South Lines thereof) Of Lot 3 (of Chicago Land Clearance Commission No. 1) a Consolidation of parts of various Subdivisions and Resubdivisions and vacated streets and alleys in the Southeast 1/4 of Section 11, and the Northeast 1/4 of Section14, Township 38 North, Range 14, East of line Third Principal Meridian, according to the Plat thereof recorded March 6, 1959 as Document 17473437 in Cook County, Illinois. Commonly known as: 1408 E 54th Street, Chicago, Illinois 60615-5415

P.I.N. 20-11-416-026-0000

THAT the assistance as checked above was awarded to

CASE NAME: JOANNE KENT

CASE ID# : 91-200-969671 COUNTY OF RESIDENCE: 200

from 01/23/2011 through 05/07/2011; inclusive, in the aggregate arrount of \$6,426.36.

-004 (

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 \$6,426.36, the size amount being now due and owing to the claimant.

THAT said \$6,426.36, 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

> > Authorized Representative

Illinois Dept. of Healthcare and **Family Services** Bureau of Collections

Technical Recovery Section 32 West Randolph St., 13th Floor

COUNTY OF COOK

} Chicago, Illinois 60601-3412 312-793-3529

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.

Subscribed and sworp to before me the

My commission expires 6

OFFICIAL SEAL ESTELL HARDIMAN

NOTARY PUBLIC - STATE OF ILLINQ \$17\$ -2317 MY COMMISSION EXPIRES:01/21/15

HFS 289 (R-4-99)

STATE OF ILLINOIS