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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

Doc#: 1124333047 Fee: \$38.00 Eugene "Gene" Moore

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

NOTICE IS HEREBY GIVEN:

That the Illinoi Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

The North 33 feet of the South 1/2 of Lot 2 (except the West 33 feet and except the East 463.96 feet) in Andrews Subdivision of the East 1/2 of the Southwest Fractional 1/4 of Section 28, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois; also the South 16 1/2 feet of the North 1/2 of the West 10 rods of Lot 2 in Andrews Subdivision of the East 1/2 of the Southwest 1/4 and the Southeast fractional 1/4 North of the Indian Boundary Line (except the East 8 feet thereof dedicated for alley) in Section 28, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Commonly known as: 12331 S. Princeton Ave., Chicago, Illimois 60628

P.I.N. 26-28-400-034-0000, P.I.N. 25-20-400-0009-0000

THAT the assistance as checked above was awarded to

CASE NAME: WILLA PEARSON

CASE ID# : <u>91-236-677498</u>
COUNTY OF RESIDENCE: <u>200</u>

from 06/27/2001 through 11/15/2010; inclusive, in the aggregate amount of \$45,279.35.

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 \$45,279.35, the said amount being now due and owing to the claimant.

THAT said \$45,279.35, 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

Authorized Representative

STATE OF ILLINOIS

COUNTY OF COOK

Family Services
Bureau of Collections
Technical Recovery Section
32 West Randolph St., 13th Floor

312-793-3529

A 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.

Chicago, Illinois 60601-3412

Subscribed and sworn to before me this

1.5 day of

My commission expires 6/-2/-1.5

, A.D., *2011*

OFFICIAL SEAL ESTELL HARDIMAN IOTARY PUBLIC - STATE OF ILLI

NOTARY PUBLIC - STATE OF ILLINOIS 78 2317 MY COMMISSION EXPIRES:01/21/15

HFS 289 (R-4-99)

Box 348