UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook	<pre>} } }</pre>	Doc#: 1130441042 Fee; \$38.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 10/31/2011 11:14 AM Pg: 1 of 1
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:		
That the Illinois Department of Healthcare as:	and Family Services asserts a claim upon the p	premises legally described
Subdivision of Blocks 1 to 4 in curington ar Barry Point Road in Section 15 Township 3	et of said Lots conveyed to Chicago Rapid Tran nd Scranton's Subdivision of the West 1/2 of th 39 North, Range 13, East of the Third Principa 1 W. Harrison Street, Chicago, Illinois 60644 300-014-0000	e Southwest 1/4 North of
	0/	
	, C	
THAT the assistance as checked above wa		ASE ID# : <u>91-200-952425</u> TY OF RESIDENCE: <u>200</u>
· · · · · · · · · · · · · · · · · · ·	sive, in the aggregate amount of \$17,541.75.	TO RESIDENCE. <u>200</u>
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 \$17,541.75, the said amount being now due and owing to the claimant.		
THAT said \$17,541.75, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.		
	ILLINOIS DEPART HEALTHCARE AN Claimant	MENT OF ID FAMILY SERVICES
	Illinois Dept. of Healthcare and Family Services By	d Representative
STATE OF ILLINOIS }	Technical Recovery Section	u Kepressinauve
COUNTY OF COOK }	32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412 312-793-3529	
agent and representative of the ILLINOIS D	first duly sworn upon oath, deposes and says to DEPARTMENT OF HEALTHCARE AND FAMIL egoing claim, that he has read the same, know	Y SERVICES, in and for
	Yeld	Townson  Ty Public
Subscribed and sworn to before me this	W AD 20/1	,
My commission expires	OFFI	CIAL SEAL

HFS 289 (R-4-99)

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINDIS 78 2317 MY COMMISSION EXPIRES:01/21/15

Box 348