UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate Doc#: 1132033080 Fee: \$38.00 By Virtue of [] 305 ILCS 5/3-9 Eugene "Gene" Moore Cook County Recorder of Deeds [X] 305 ILCS 5/5-13 Date: 11/16/2011 11:17 AM Pg: 1 of 1 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HEREPY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described An undivided 1/3 interest in 1.0.75 inRidge Gardens Subdivision, being a Resubdivision of Lots 3, 4, 5, 6 and 7 (except the East 165 feet ther of) in McClures Sibdivision of the North 70 Rods of the West 1/2 of the Southwest 1/4 of Section 14, Township No.tin 37, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 3839 W. 107'n Street, Chicago, Illinois 60605 P.I.N. 24-14-325-006-0000 -004 COL CASE ID#: 91-200-906696 THAT the assistance as checked above was awarded to: **COUNTY OF RESIDENCE: 200** CASE NAME: LOTTIE SKOWRONSKI from 05/01/2008 through 07/24/2010; inclusive, in the aggregate amount of \$64,037.14. 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 \$64,037.14, the said amount being now due and owing to the claimant. THAT said \$64,037.14, 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 homas Family Services Authorized Representative **Bureau of Collections** STATE OF ILLINOIS Technical Recovery Section 312-793-3529 32 West Randolph St., 13th Floor COUNTY OF COOK Chicago, Illinois 60601-3412 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. Subsembed and sworn to before day of commission expires

Box 348

HFS 289 (R-4-99)

MY COMMISSION EXPIRES:01/21/15

OFFICIAL SEAL **ESTELL HARDIMAN**

NOTARY PUBLIC - STATE OF ILLINGS 78-2317