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STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook }	1213612163 Doc#: 1213612163 Fee: \$40.00
Notice Of Claim Upon Real Estate	Cook County Recorder of Deede
By Virtue of [] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13	Date: 05/15/2012 11:43 AM Pg: 1 of 1
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE	
NOTICE IS HEP LIVE GIVEN:	
as:	nd Family Services asserts a claim upon the premises legally described
Overtage (4/4) of Continue R. Tunggehin 38 North	Home Addition to Chicago, a Subdivision of that part of the South East th, Range 13, East of the Third Principal Meridian, lying Northerly of ty, Illinois. Commonly known as: 5119 S. Austin, Chicago, Illinois
Renewal of Document # 0718305132, filed P.I.N. 19-08-400-008-0000	CASE ID# :93-208-G61743 COUNTY OF RESIDENCE: 208
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from 02/11/2006 through 07/10/2006: inclus	rive, in the aggregate amount of \$21,256.68. Repaid to the Claimant, either by the recipient, their heirs, devisees,
THAT the amount claimant demands for sai to the claimant.	d Assistance is \$21,256.68, the said amount being now due and owing
THAT said \$21,256.68, is hereby asserted to SERVICES as a claim upon the described r	oy the ILLINOIS DEPARTMENT OF HEALTHGARE AND FAMILY eal estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant
STATE OF ILLINOIS }	Illinois Dept. of Healthcare angly Family Services Bureau of Collections Technical Recovery Section 312-793-3529
COUNTY OF COOK	32 West Randolph St., 13th Floor Chicago, Illinois 60601-3412
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 sworn to before me this	M. A.D., 26/2
My'commission expires <u>D1-21-15</u>	OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIBL 4 8-2317
HFS 289 (R-4-99)	MY COMMISSION EXPIRES:01/21/15

Box 348