

UNOFFICIAL COPY

STATE OF ILLINOIS }
DEPARTMENT OF }
HEALTHCARE AND FAMILY SERVICES }
County of Cook }



Doc#: 1219826145 Fee: \$40.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 07/16/2012 10:59 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 and Family Services asserts a claim upon the premises legally described as:

Lots 32 and 33 in E.S. Robbins Block 2, E.S. Robbins Fifth Subdivision of Section 2, Township 36 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois. Commonly known as: 13744 S. Clifton Park Avenue, Robbins, Illinois 60472. F.I.N. 28-02-215-041-0000

Renewal of Document Number 95180764, Recorded on 03/17/1995
And Document Number 0021299563, Recorded on 11/22/2002
Renewal of Document # 0725760139, filed on 09/14/2007

THAT the assistance as checked above was awarded to:

CASE ID# : 91-226-382159

CASE NAME: THIRZIA MOORE

COUNTY OF RESIDENCE: 226

from 06/01/1976 through 07/10/1994; inclusive, in the aggregate amount of \$768.63.

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 \$768.63, the said amount being now due and owing to the claimant.

THAT said \$768.63, 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
Family Services
Bureau of Collections
Technical Recovery Section 312-793-3529
32 West Randolph St., 13th Floor
Chicago, Illinois 60601-3412

Thomas Sajdak
Authorized Representative

STATE OF ILLINOIS

COUNTY OF COOK

THOMAS SAJDAK, 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.

Estell Hardiman
Notary Public

Subscribed and sworn to before me this
22 day of June, A.D., 2012
My commission expires 01-21-15

