

UNOFFICIAL COPY

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



Doc#: 1219826146 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:

The West Half of Lot 22 in Block 1 in Schmidt's Resubdivision of Blocks 1 and 2 in Schmidt's Subdivision of the South Half of the Southeast Quarter of the Southeast Quarter of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 854 W. 86th Place, Chicago, Illinois 60620-3218. P.I.N. 20-32-429-022-0000

Renewal of Document Number 98083741, Recorded on 01/30/1998.
And Document Number 0021299565, Recorded on 11/22/2002
Renewal of Document # 0725760140, filed on 09/ 4/2007

THAT the assistance as checked above was awarded to:

CASE ID# : 93-232-D34773

CASE NAME: MAMIE ROGERS

COUNTY OF RESIDENCE: 232

from 10/01/1996 through 04/24/1997, inclusive, in the aggregate amount of \$164,814.87.

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 \$164,814.87, the said amount being now due and owing to the claimant.

THAT said \$164,814.87, 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 By Thomas Saldak
Bureau of Collections Authorized Representative
Technical Recovery Section 312-793-3529
32 West Randolph St., 13th Floor
Chicago, Illinois 60601-3412

STATE OF ILLINOIS }
COUNTY OF COOK }

THOMAS SALDAK, 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.

Estel Hardiman
Notary Public

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

HFS 289 (R-4-99)

Box 348

