UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF** Doc#: 1219826112 Fee: \$40.00 **HEALTHCARE AND FAMILY SERVICES** Eugene "Gene" Moore County of Cook Cook County Recorder of Deeds Date: 07/16/2012 10:50 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 HEREDY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described Lot 8 in Block 4 in E. S. Robbins 7th Subdivision, being a Subdivision of the West 1/2 of the Southwest 1/4 of the Northeast 1/4 of Section 2, To inship 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 13814 S. St. Louis Ave, Robbins, Illinois 60472 P.I.N. 28-02-224-026-0000 3004 Colly THAT the assistance as checked above was awarded to: CASE ID#: 91-226-799625 COUNTY OF RESIDENCE: 200 CASE NAME: LUCILLE HUFF from 07/01/2008 through 08/31/2011; inclusive, in the aggregate amount of \$1,021.91. 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 \$1,021.91, the said amount being now due and owing to the claimant. THAT said \$1,021.91, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT, C.F. HEALTHCARE AND FAMILY SERVICES Claim/ani STATE OF ILLINOIS Healthcare and Family Services Bureau of Collections Technical Recovery Section 312-793-3529 COUNTY OF COOK 32 W. Randolph, 13th Floor Chicago, IL 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 coptents thereof, and believes the same to be true.

HFS 289 (R-4-99)

______ day of _____ My commission expires ______

Subscribed and sworn to before me this

IL478-2317