UNOFFICIAL COPY

Notice Of Claim Upon Real Estate By Virtue of [] 305 ILCS 5/3-9 [X] 305 ILCS 5/3-9 [X] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13 FOR: [M MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] BLIND ASSISTANCE [] DISAGILITY ASSISTANCE NOTICE IS HEREPY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as: Lot 16 and the North 1/2 or Lot 7 in Block 6 in Croissant Park Markham First Addition, being a Subdivision of the North 1/2 or Lot 7 in Block 6 in Croissant Park Markham First Addition, being a Subdivision of the North 1/2 or Lot 7 in Block 6 in Croissant Park Markham First Addition, being a Subdivision of the North 1/2 of the Northwat 1/4 of Section 19, Township 36 North, Range 14, East of the Third Principal Meridian, also a Resubdivision of Evoka 2, 3 and 4 in Lower Harvey, being a Subdivision of the North 1/2 of the Northwat 1/4 of the Southwest 1/4 of Section 19, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly, known as: 18451 S. Paulina, Markham, Illinois 60426 THAT the assistance as checked above was awarded to: CASE ID#: 91-200-878924 COUNTY OF RESIDENCE 200 ThAT in part of said Assistance has been repaid to the Claimant, either b' the precipient, their heirs, devisees, legatess, or by any other person(s) on behalf of the estate. THAT the amount claimant demands for said Assistance is \$15,406.55, the said amount being now due and owing to the claimant. THAT said \$15,406.55, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimany By Authorized Reports Section 312-793-3529 Chapter of Cook, and claimant in the foregoing claim, that he has read the same, knows the stontent sheppof, and believes the same to be fore me this Subscribed and sworn to before me this Subscribed and sworn to before me this Women and the county of Cook, and claimant in the foregoing cla	STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook }	127 (333907)	
DISAPILITY ASSISTANCE AGED ASSISTANCE AGED ASSISTANCE	By Virtue of [] 305 ILCS 5/3-9	Eugene "Gene" Moore Cook County Recorder of Deeds	
That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as: Lot 16 and the North 1/2 of Lot. 17 in Block 6 in Croissant Park Markham First Addition, being a Subdivision if the Northeast 1/4 of the Southeast 1/4 of Section 19, Township 36 North, Range 14, East of the Third Principal Meridian, also a Resubdivision of Blucks 2, 3 and 4 in Lower Harvey, being a Subdivision of the North 1/2 of the Northwest 1/4 of 5 section 10, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County. Illinois. Common Meridian, in Cook County, Illinois. Common Meridian, Illinois 60426 THAT the assistance as checked above was awarded to: CASE ID# 91-200-878924 COUNTY OF RESIDENCE: 200 from 08/01/2010 through 02/14/2011; inclusive, in the aggregate amount of \$15,406.55. THAT no part of said Assistance has been repaid to the Claimant, either by the recipient, their heirs, devisees, legates, or by any other person(s) on behalf of the estate. THAT the amount claimant demands for said Assistance is \$15,406.55, the said amount being now due and owing to the claimant. THAT said \$15,406.55, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. STATE OF ILLINOIS Healthcare and Family Services Bureau of Collections By Author/Zev Representative Bureau of Collections By Author/Zev Representative Bureau of Collections Bureau of Collections By Author/Zev Representative Bureau of Collections By Author/Zev Representative By Author/Zev Represe	[] BLIND ASSISTANCE [] AGED ASSISTANCE		
as: Lot 16 and the North 1/2 of Lc; 17 in Block 6 in Croissant Park Markham First Addition, being a Subdivision of the Northeast 1/4 of the Southeast 1/4 of Section 19, Township 36 North, Range 14, East of the Third Principal Meridian, also a Resubdivision of Bucks 2, 3 and 4 in Lower Harvey, being a Subdivision of the North 1/2 of the Northwest 1/4 of 5 saction 10, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Comment, known as: 16451 S. Paulina, Markham, Illinois 60426 P.I.N. 29-19-414-041-0000 THAT the assistance as checked above was awarded to: CASE ID#: 91-200-878924 CASE NAME: WILLIAM EDMONDSON COUNTY OF RESIDENCE: 200 from 06/01/2010 through 02/14/2011; inclusive, in the aggregate amount of \$15,406.55. THAT no part of said Assistance has been repaid to the Claimant, either by the recipient, their heirs, devisees, legatese, or by any other person(s) on behalf of the estate. THAT the amount claimant demands for said Assistance is \$15,406.55, the said by nount being now due and owing to the claimant. THAT said \$15,406.55, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINGIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimany By Authorized 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 Johnents theroof, and believes the same to be true. Subscribed and sworn to before me this AD, January Public	(),		
from 06/01/2010 through 02/14/2011; inclusive, in the aggregate amount of \$15,406.55. 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 \$15,406.55, the said amount being now due and owing to the claimant. THAT said \$15,406.55, 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 By Autholized Representative STATE OF ILLINOIS Technical Recovery Section 312-793-3529 32 W. Randoigh, 13th Floor Chicago, IL 60601-3412 COUNTY OF COOK Technical Recovery Section 312-793-3529 32 W. Randoigh, 13th Floor Chicago, IL 60601-3412 Deing 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 chaimant 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 Oday of	as: Lot 16 and the North 1/2 of Lc. 17 in Block 6 in Croissant Park Markham First Addition, being a Subdivision if the Northeast 1/4 of the Southeast 1/4 of Section 19, Township 36 North, Range 14, East of the Third Principal Meridian, also a Resubdivision of Blocks 2, 3 and 4 in Lower Harvey, being a Subdivision of the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 10, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, Comments known as: 16451 S. Paulina, Markham, Illinois 60426		
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 \$15,406.55, the said anount being now due and owing to the claimant. THAT said \$15,406.55, 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 By Authorized Representative STATE OF ILLINOIS COUNTY OF COOK Technical Recovery Section 312-793-3529 32 W. Randolph, 13th Floor Chicago, It 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 day of	CASE NAME: <u>WILLIAM EDMONDSON</u>	COUNTY OF RESIDENCE. 200	
THAT said \$15,406.55, 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 By	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.		
STATE OF ILLINOIS Healthcare and Family Services	to the claimant.	' /-/-	
STATE OF ILLINOIS Healthcare and Family Services Bureau of Collections	THAT said \$15,406.55, is hereby asserted by SERVICES as a claim upon the described re	the ILLINOIS DEPARTMENT OF HEALTH () RE AND FAMILY all estate.	
COUNTY OF COOK Technical Recovery Section 312-793-3529 32 W. Randolph, 13th Floor Chicago, IL 60601-3412 Deliver Cook		HEALTHCARE AND F.M.LY SERVICES Claimant	
COUNTY OF COOK Technical Recovery Section 312-793-3529 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 contents thereof, and believes the same to be true. Subscribed and sworn to before me this day of	STATE OF ILLINOIS } He	Authorized Representative Palthcare and Family Services Ireau of Collections	
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 day of	COUNTY OF COOK) To	echnical Recovery Section 312-793-3529 2 W. Randolph, 13th Floor nicago, IL 60601-3412	
30 day of, A.D., 2013	agent and representative of the ILLINOIS DE the County of Cook, and claimant in the fore	EPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for going claim, that he has read the same, knows the contents thereof.	
	Subscribed and sworn to before me this		

HFS 289 (R-4-99)