UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate 1221333073 Fee: \$40.00 By Virtue of [] 305 ILCS 5/3-9 Doc#: 122133307 Eugene "Gene" Moore [X] 305 ILCS 5/5-13 Cook County Recorder of Deeds Date: 07/31/2012 10:51 AM Pg: 1 of 1 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HELLAY GIVEN: That the Illinois Denartment of Healthcare and Family Services asserts a claim upon the premises legally described Lot 5 in J. W. Turner's Republivision of Lots 1 to 38 both inclusive, in Block 2 in Racine Highlands, being a Subdivision of the Northwest 1/4 of the Northwest 1/4 of the Southeast 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, also vacated alley lying between said Lots, in Cook County, Illinois. Commonly known as: 83 2 5. Aberdeen, Chicago, Illinois 60620 P.I.N. 20-32-401-025-0000 -00/C0, CASE ID#: 93-236-c00843 THAT the assistance as checked above was awarded to COUNTY OF RESIDENCE: 200 CASE NAME: CLARENCE GRAHAM from 02/25/2011 through 01/31/2012; inclusive, in the aggregate amount of \$145,449.67. THAT no part of said Assistance has been repaid to the Claimant, either by u.e 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 \$145,449.67, the said amount being now due and owing to the claimant. THAT said \$145,449.67, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPAR (ME IT OF HEALTHCARE AND FAMILY SERVICES Claimant Authorized Representative STATE OF ILLINOIS Healthcare and Family Services **Bureau of Collections** Technical Recovery Section 312-793-3529 32 W. Randolph, 13th Floor Chicago, IL 60601-3412 COUNTY OF COOK , 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 My commission expires

Box 348

HFS 289 (R-4-99)

OFFICIAL SEAL ESTELL HARDIMAN

MY COMMISSION EXPIRES:01/21/15

NOTARY PUBLIC - STATE OF ILLINO \$478-2317