

# UNOFFICIAL COPY

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



Notice Of Claim Upon Real Estate  
By Virtue of [ ] 305 ILCS 5/3-9  
                  [X] 305 ILCS 5/5-13

Doc#: 1221333074 Fee: \$40.00  
Eugene "Gene" Moore  
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 HEREBY GIVEN:**

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

Lot 4 in Block 28 in Fourth Addition to Auburn Highlands, being Hart's Subdivision of Blocks 13, 14, 15 and 16 in the Circuit Court Partition of the Northwest 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian as per Plat thereof recorded April 13/14 as Document 5394502 in Cook County, Illinois. Commonly known as: 8212 S. Bishop, Chicago, Illinois 60620  
P.I.N. 20-32-126-022-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-236-842836

CASE NAME: GEORGIA MULLINS

COUNTY OF RESIDENCE: 200

from 11/01/2007 through 03/31/2011; inclusive, in the aggregate amount of \$24,203.46.

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 \$24,203.46, the said amount being now due and owing to the claimant.

THAT said \$24,203.46, 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 [Signature]  
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

[Signature]

, 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.

[Signature]  
Notary Public

Subscribed and sworn to before me this 20 day of July, A.D., 2012  
My commission expires 01-21-15

