## **UNOFFICIAL COPY**

STATE OF ILLINOIS DEPARTMENT OF **HEALTHCARE AND FAMILY SERVICES** 1225412094 Fee: \$40.00 County of Cook Eugene "Gene" Moore Cook County Recorder of Deeds Notice Of Claim Upon Real Estate Date: 09/10/2012 11:16 AM Pg: 1 of 1 By Virtue of [ ] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13 FOR: [X] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [ ] DISACILITY ASSISTANCE NOTICE IS HEREBY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described Lot 2 in Block "C" in Sonnenschein and Solomons Park Manor Subdivision of Block 5, 7 and 12 in the Subdivision of the East 1/2 of the Southwest 1/4 of Section 22, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6934 S. Prairie Ave., Chicago, Illinois 60637 Renewal of Document # 0731935216, filed on 11/15/2007 P.I.N. 20-22-317-016-0000 204 COU! CASE ID#: 93-200-646861 THAT the assistance as checked above was awarded to: COUNTY OF RESIDENCE: 200 CASE NAME: MABLE DAVIS from 07/19/1999 through 03/18/2007; inclusive, in the aggregate amcu. a of \$18,534.31. 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 \$18,534.31, the said amount being now due and owing to the claimant. THAT said \$18,534.31, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHOURE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT OF HEALTHOARE AND FAMILY SERVICES Claiman uthorized Representative STATE OF ILLINOIS Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 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 contents thereof, and believes the same to be true. Subscribed and sworn to before me 645/, A.D., 201 2 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 ILLINOIS 4 \$8-2317