## **UNOFFICIAL COPY**

| STATE OF ILLINOIS<br>DEPARTMENT OF   | }   | 1233526130   |
|--|---|--|
| HEALTHCARE AND FAMILY SERVICES   | <b>i</b> }<br>}   | Doc#: 1233526130 Fee: \$40.00  |
| County of Cook   | ,   | Eugene "Gene" Moore  |
| Notice Of Claim Upon Real Estate   |   | Cook County Recorded to Book 1 of 1 Date: 11/30/2012 11:09 AM Pg: 1 of 1   |
| By Virtue of [ ] 305 ILCS 5/3-9<br>[X] 305 ILCS 5/5-13   |   | Date. The  |
| FOR: [X] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [ ] DISABILITY ASSISTANCE                             |   |  |
| NOTICE IS HEREBY GIVEN:  |   |  |
|  |   | laim upon the premises legally described   |
| as:<br>Lot 32 in Weddell and Cox's Addition to<br>20, Township 38 North, Range 14 East<br>as: 6750 S. Racine Ave., Chicago | of the Inirg Principal Meliciali, in  | East 1/2 of the Southwest 1/4 of Section<br>Cook County, Illinois. Commonly known                                      |
| Renewal of Document # 0803040116, 1<br>P.I.N. 20-20-307-026-0000   |   |  |
|  | 940   |  |
|  | 0,,   |  |
| THAT the assistance as checked above   | was awarded to:   | CASE ID# : 93-208-B55422   |
| CASE NAME: BEATRICE ROBERTSO   | <u>ON</u>   | COUNTY OF RESIDENCE: 208   |
| from 01/03/1996 through 04/17/2007; in THAT no part of said Assistance has be legatees, or by any other person(s) on by    | en repaid to the Claimant, either t   | ov the recipient, their heirs, devisees,   |
| THAT the amount claimant demands fo owing to the claimant.   | r said Assistance is \$169,980.58,  | the said amount being now due and  |
| THAT said \$169,980.58, is hereby asse<br>SERVICES as a claim upon the describ   | erted by the ILLINOIS DEPARTME<br>and real estate.  | INT OF HEALT ICARE AND FAMILY  |
| ,  |   | ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant   |
|  |   | By Long Tuttismy Authorized Representative   |
| STATE OF ILLINOIS  | Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312- | •  |
| COUNTY OF COOK   | 401 S. Clinton - 5th Floor<br>Chicago, IL 60607-3800  |  |
| A count of the company of the HILLING  | NS DEPARTMENT OF HEA! THO   | poses and says that they are an authorized ARE AND FAMILY SERVICES, in and for d the same, knows the contents thereof, |
|  | , 7   | Notary Public  |
| Subscribed and sworn to before me to   | nis<br>Len , A.D., <u>26/2</u>  |  |
| My commission expires 61-21-15   | -   | OFFICIAL SEAL ESTELL HARDIMAN  |
| HFS 289 (R-4-99)   |   | NOTARY PUBLIC - STATE OF ILLINO 82317 MY COMMISSION EXPIRES:01/21/15   |

Box 348