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STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate Doc#: 1235233055 Fee: \$40.00 By Virtue of [] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13 Karen A. Yarbrough Cook County Recorder of Deeds Date: 12/17/2012 10:51 AM Pg: 1 of 1 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HEREBY GIVEN: That the Illinois Departr or t of Healthcare and Family Services asserts a claim upon the premises legally described The South 11 feet of Lot 2 and all of Lot 3 in Block 4 in Tenings Brothers and Company's Eight Bellevue Addition to Roseland, being a Subdivision of Lot 45 of the School Trustee Subdivision of Section 16, Township 37 North, Range 14, East of the Third Princ pa Meridian, in Cook County, Illinois. Commonly known as: 10836 Emerald, Chicago, Illinois 60628 -004 Coun P.I.N. 25-16-308-038-0000 CASE ID#: 93-200-K70513 THAT the assistance as checked above was awarded to: COUNTY OF RESIDENCE: 200 CASE NAME: ROSEMARY GLASS from 05/14/2010 through 04/06/2011; inclusive, in the aggregate amount of \$195,744.30. THAT no part of said Assistance has been repaid to the Claimant, either Ly 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 \$195,744.30, the said amount being now due and owing to the claimant. THAT said \$195,744.30, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT QF HEALTHCARE AND FAMAY SERVICES Claima Authorized Representative Healthcare and Family Services Collections/Technical Recovery STATE OF ILLINOIS Prepared by/Contact/Return to: 312-793-3529 } 401 S. Clinton - 5th Floor Chicago, IL 60607-3800 COUNTY OF COOK LUET KENEVER 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 the _ day of My commission expires 0/ OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS 82317 HFS 289 (R-4-99)

Box 348

MY COMMISSION EXPIRES:01/21/15