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STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate Doc#: 1235233083 Fee: \$40.00 By Virtue of [] 305 ILCS 5/3-9 Karen A. Yarbrough [X] 305 ILCS 5/5-13 Cook County Recorder of Deeds Date: 12/17/2012 11:02 AM Pg: 1 of 1 FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HER': BY GIVEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described Lot 41 in Block 9 in 1st Add.io 1 to Auburn Highlands, being Hart's Subdivision of Block 11 and 12 and the East 1/2 of Blocks 3, 6 and 10 in the Circuit Court Partition of the Northwest 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 8105 S. Elizabeth Street, Chicago, Illinois 60620 Renewal of Document # 0806040084, flied on 02/29//2008 P.I.N. 20-32-123-002-0000 Court CASE ID#: 91-200-861461 THAT the assistance as checked above was awarded to: COUNTY OF RESIDENCE: 200 CASE NAME: ALICE BUTLER from 06/03/2005 through 11/26/2007; inclusive, in the aggregate amount of \$34,398.58. 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 \$64,398.58, the said amount being now due and owing to the claimant. THAT said \$64,398.58, 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 Claim#nt Representative Authorized Healthcare and Family Services STATE OF ILLINOIS Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor Chicago, IL 60607-3800 COUNTY OF COOK IKEMEVateing 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 11.478-317
NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:01/21/15