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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

FOR: [X] MEDICAL ASSISTANCE
 [] BLIND ASSISTANCE
 [] AGED ASSISTANCE
 [] DISABILITY ASSISTANCE

Doc#: 1310233071 Fee: \$40.00
Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/12/2013 10:39 AM Pg: 1 of 1

NOTICE IS HEREBY GIVEN:

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

Unit 1901-2B in Golf Grove Condominium, as delineated and defined in a certain survey attached to and made a part of a certain Declaration of Condominium ownership as registered in the office of the Registrar of Titles, as Document Number LR336499, as amended by instrument filed as Document Number LR3419100 together with an undivided percentage interest in the common elements appurtenant to said unit as amended and supplemented from time to time in the following described property: Lot 1 in Roppolo's Golf Grove Subdivision in the Northwest 1/4 of the Northeast 1/4 of Section 15, Township 41 North, Range 11, East of the Third Principal Meridian, registered on April 13, 1984 as Document Number LR3364997, in Cook County, Illinois. Commonly known as: 1901 Golf Grove, Mt. Prospect, Illinois 60056 P.I.N. 08-15-202-024-1023

THAT the assistance as checked above was awarded to:

CASE ID# : 91-200-826522

CASE NAME: ZINAIDA WOLOTOWSKYJ

COUNTY OF RESIDENCE: 200

from 12/28/2006 through 03/04/2012; inclusive, in the aggregate amount of \$174,721.14.

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 \$174,721.14, the said amount being now due and owing to the claimant.

THAT said \$174,721.14, 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
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

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
10 day of April, A.D., 2013
My commission expires 01-21-15

HFS 289 (R-4-99)

