

# UNOFFICIAL COPY

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

Doc#: 1310233093 Fee: \$40.00  
Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/12/2013 10:49 AM Pg: 1 of 1

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

**NOTICE IS HEREBY GIVEN:**

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

Lot 8 in Watson's Subdivision of the Southeast 1/4 of the Northeast 1/4 of the Southwest 1/4 of the Southeast 1/4 of Section 27, Township 30 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7748 S. St. Lawrence Ave., Chicago, Illinois 60619

Renewal of Document #0818233176, filed on 06/30//2008  
P.I.N. 20-27-419-039-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-218-836855

CASE NAME: VIVIAN L. LUMPKIN

COUNTY OF RESIDENCE: 218

from 01/01/2005 through 11/11/2007; inclusive, in the aggregate amount of \$6,884.64.

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 \$6,884.64, the said amount being now due and owing to the claimant.

THAT said \$6,884.64, 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 George Luetkemeyer  
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

George Luetkemeyer

, 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.

Estel Hardiman  
Notary Public

Subscribed and sworn to before me this  
04 day of April, A.D., 2013  
My commission expires 01-21-15

HFS 289 (R-4-99)

