UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICE	} } SS }	
County of Cook	}	
Notice Of Claim Upon Real Estate		
By Virtue of [] 305 ILCS 5/3-9		Doc#: 1316533079 Fee: \$40.00
[X] 305 ILCS 5/5-13		Veren A Varbrough
FOR: [X] MEDICAL ASSISTANCE		Cook County Recorder of Deede Date: 06/14/2013 10:44 AM Pg: 1 of 1
[] BLIND ASSISTANCE [] AGED ASSISTANCE		Date: 1
[] DISABILITY ASSISTANCE		
NOTICE IS HERFBY GIVEN:		
That the Illinois Department of Healthca as:	re and Family Services asserts a	a claim upon the premises legally described
of 1st Addition to Kensington, in the We Third Principal Meridian, in Cook Count 25 feet of Lot 3 except the West 125 feet Blocks 21 and 22 of first addition to Ken 14, East of the Third Principal Meridian Illinois 60628	est fractional 1/2 of Section 27, To y, Illinois, also Lot 20 in Ponds R et of Lots 4 and 5 all in Block 1 in sington in the West fractional 1/ , in Cyok County, Illinois. Comm	4 of Section 27, Township 37 North, Range
P.I.N. 25-27-131-004-0000, P.I.N. 25-	27-131-)03-0000	
	C	
THAT the assistance as checked above	e was awarded to:	CASE ID# : 93-236-837587
CASE NAME: MILDRED HART	selveive, in the aggregate arrays	COUNTY OF RESIDENCE: 200
from 01/12/2000 through 03/25/2013; in THAT no part of said Assistance has be legatees, or by any other person(s) on I	een repaid to the Claimant, either	r by the recipient, their heirs, devisees,
THAT the amount claimant demands fo owing to the claimant.	r said Assistance is \$298,228.49	9, the s∉id ∌mount being now due and
THAT said \$298,228.49, is hereby asse	erted by the ILLINOIS DEPARTM	MENT OF HEALTH'SARE AND FAMILY
SERVICES as a claim upon the describ	oed real estate.	ILLINOIS DEDARTMENT OF
		ILLINOIS DEPART MENT OF HEALTHCARE AND FAMILY SERVICES Claimant
		By Authorized Representative
STATE OF ILLINOIS	Healthcare and Family Services Collections/Technical Recovery	nambjed representante
COUNTY OF COOK	Prepared by/Contact/Return to: 312 401 S. Clinton - 5th Floor	2-793-3529
	J Chicago, IL 60607-3800	
agent and representative of the ILLINO	IS DEPARTMENT OF HEALTHO	eposes and says that they are an authorized CARE AND FAMILY SERVICES, in and for ad the same, knows the contents thereof,
and believes the same to be true.	, 10.0 5 0.119 0.01111, 0.101110 1.000	
	-	Motory Public
Subscribed and sworn to before rule th	is AD 2013	,
	5	E
UEO 000 (E 100)		OFFICIAL SEAL ESTELL HARDIMAN
HFS 289 (R-4-99)		NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/15
	D 240	5 Sommodion L/G I/LG.0 I/Z I/10

Box 348