UNOFFICIAL COPY

| STATE OF ILLINOIS DEPARTMENT OF | } | |
|---|---|--|
| HEALTHCARE AND FAMILY SERVICE | ES } | 1 MATTA 2006 LUTA 1810 1814 1800 1814 LUTA 1814 LUTU 2014 1811 (21) 200 |
| County of Cook | } | |
| Notice Of Claim Upon Real Estate | | |
| By Virtue of [] 305 ILCS 5/3-9 | | Doc#: 1319333087 Fee: \$40.00 |
| [X] 305 ILCS 5/5-13 | | Karen A.Yarbrough Cook County Recorder of Deeds |
| FOR: [X] MEDICAL ASSISTANCE | | Date: 07/12/2013 11:23 AM Pg: 1 of 1 |
| [] BLIND ASSISTANCE | | |
| [] AGED ASSISTANCE [] DISABILITY ASSISTANCE | | |
| | | |
| NOTICE IS MERITBY GIVEN: | | |
| That the Illinois D spartment of Healthcare and Family Services asserts a claim upon the premises legally described as: | | |
| Lot "C" in Thomas A. Gris h's Resubdivision of Lots 46, 47 and 48 in Block 64 in Harvey, being a Subdivision of | | |
| that part of Section 17, lying West of the Illinois Central Railroad together with Block 53, 54, 55, 62 to 66 inclusive, 68 to 84 inclusive and that part of Block 67 lying South of the Grand Trunk Railroad, all in South Lawn, a | | |
| Subdivision of Section 17 and the South | h 1/2 of Section 8, all in Town | ship 36 North, Range 14 Fast of the Third |
| | | 50 E. 152nd Street, Harvey, Illinois 60426-3205 |
| Renewal of Document #0827440165, fi P.I.N. 29-17-111-003-0000 | il∈d on 09/30//2008 | |
| 7 20 17 111-000-0000 | | |
| | 4 | |
| | A was awarded to | |
| THAT the assistance as checked above | was awarded to: | CASE ID# . 04 226 700207 |
| CASE NAME: EARLINE SMITH | , was awarded to: | CASE ID# : <u>91-226-799297</u> COUNTY OF RESIDENCE: <u>226</u> |
| from 10/01/2007 through 06/04/2008; inclusive, in the aggregate amount of \$4,292.66. | | |
| 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. | | |
| | | S the soil of the second secon |
| to the claimant. | 1 said Assistance is \$4,292.00 | 6, the said and owing |
| THAT said \$4,292.66, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES as a claim upon the described real estate. | | |
| · | | ILLINOIS DEPARTMENT OF |
| | | HEALTHCARE AND FAMILY SERVICES |
| | | Claimant. |
| | | By Long Kell Eurly |
| STATE OF ILLINOIS | Healthcare and Family Services Collections/Technical Recovery | Authofized Representative |
| COUNTY OF COOK | Prepared by/Contact/Return to: 3 401 S. Clinton - 5th Floor | 312-793-3529 |
| |) Chicago, IL 60607-3800 | |
| Secret altkemeyer being | ng first duly sworn upon oath, | deposes and says that they are an authorized |
| agent affice representative of the (LLINO); | S DEPARTMENT OF HEALT | HCARE AND FAMILY SERVICES, in and for read the same, knows the confents thereof, |
| and believes the same to be true. | , or ogoing siding that he has t | read the same, knows the compens thereor, |
| | | The Hallalan |
| | 0 | Notary Public |
| Subscribed and sworn to before me this | .A.D., 201 | 3 |
| My commission expires /- | , M.U., | OFFICIAL SEAL |
| LIED 000 (D. 4.55) | (| S ESTELL HARDIMAN S |
| HFS 289 (R-4-99) | | NOTARY PUBLIC - STATE OF ILLINOIS 478-2317 MY COMMISSION EXPIRES:01/21/15 |
| | | COOCO |

Box 348