## UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate 1401742033 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: 01/17/2014 10:44 AM Pg: 1 of 1 FOR: [X] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [ ] DISABILITY ASSISTANCE NOTICE IS HELLBY GIVEN: That the Illinois Der artrhent of Healthcare and Family Services asserts a claim upon the premises legally described Lots 11 and 12 in Block 1 in the Subdivision of Lot 4 in the Subdivision of Lot 3 in the Assessor's Subdivision of the West 1/2 of the Northwest 1/4 of Section 22, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 152 E. 114th Place, Chicago, Illinois 60628 P.I.N. 25-22-113-030-0000 3004 COU! CASE ID# : 91-236-902444 THAT the assistance as checked above was awarded to: COUNTY OF RESIDENCE: 200 CASE NAME: BEATRICE GLOVER from 03/01/2011 through 11/03/2012; inclusive, in the aggregate amount of \$15,263.68. 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 \$15,263.68, the said amount being now due and owing to the claimant. THAT said \$15,263.68, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHOURE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant Authorized Representative Healthcare and Family Services STATE OF ILLINOIS Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor COUNTY OF COOK Chicago, IL 60607-3800 George Luthemeyer 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. Subscribed and sworn to before me t *20* day of \_ My commission expires 01-

**Box 348** 

HFS 289 (R-4-99)

C.FFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINDIS 2317

MY COMMISSION EXPIRES:01/21/15