

# UNOFFICIAL COPY



STATE OF ILLINOIS }  
DEPARTMENT OF }  
HEALTHCARE AND FAMILY SERVICES }  
County of Cook }

Doc#: 1407341046 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/14/2014 10:44 AM Pg: 1 of 1

Notice Of Claim Upon Real Estate  
By Virtue of [ ] 305 ILCS 5/3-9  
                  [X] 305 ILCS 5/5-13

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

NOTICE IS HEREBY GIVEN:

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:  
The South 1/2 of Lot 8 in Block 10 in North Lancaster's Subdivision of the West 1/2 of the Southwest 1/4 of Section 22, Township 38 North, Range 14, East of the Third Principal Meridian, In Cook County, Illinois. Commonly known as: 7038 South Wabash Avenue, Chicago, Illinois 60637-4517.

Renewal of Document # 99927766, filed on 09/30/1999  
Renewal of Document # 0421131047, filed on 07/20/2004  
Renewal of Document # 0913533057, filed on 05/15/2009  
P.I.N. 20-22-320-014-0000 (pah)

THAT the assistance as checked above was awarded to: CASE ID# : 93-212-499634  
CASE NAME: BILLIE ANDERSON COUNTY OF RESIDENCE: 212

from 06/01/1985 through 04/28/1999; inclusive, in the aggregate amount of \$11,312.14.  
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 \$11,312.14, the said amount being now due and owing to the claimant.

THAT said \$11,312.14, 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  
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529  
                          } 401 S. Clinton - 5th Floor  
                          } Chicago, IL 60607-3800

[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 18 day of February, A.D., 2014.  
My commission expires 01-21-15

