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

Doc#: 1407341047 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
 [X] 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:

Block 153 Lot 39 in Harvey a Subdivision of the Southeast 1/4 of the East 1/2 of the Southwest 1/4 of Section 7, Township 36 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Renewal of Document # 99927768, filed on 09/30/1999
Renewal of Document # 0421131048, filed on 07/29/2004
Renewal of Document # 0913533058, filed on 05/15/2009
P.I.N. 29-07-331-016-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-226-638276

CASE NAME: LEE BRAXTON

COUNTY OF RESIDENCE: 226

from 07/01/1982 through 01/31/1999; inclusive, in the aggregate amount of \$3,725.87.

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 \$3,725.87, the said amount being now due and owing to the claimant.

THAT said \$3,725.87, 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
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529
 } 401 S. Clinton - 5th Floor
 } Chicago, IL 60607-3800

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.

Estell Hardiman
Notary Public

Subscribed and sworn to before me this
18 day of February, A.D., 2014
My commission expires 01-21-15

