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

Doc#: 1407341048 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:

Lot 91 and the South 1 foot of Lot 92 in Edward E. Smith's Subdivision of Block 11 in Hitt's Subdivision of the Southeast 1/4 of Section 8, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 10103 S. Aberdeen, Chicago, Illinois, 60643.

Renewal of Document # 99927769, filed on 03/30/1999
Renewal of Document # 0421131049 filed on 07/25/2004
Renewal of Document # 0913533059, filed on 05/15/2009
PIN: 25-08-418-002-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-718529

CASE NAME: TAZIEL BROWN

COUNTY OF RESIDENCE: 200

from 08/01/1997 through 10/17/1997; inclusive, in the aggregate amount of \$3,097.61.

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 \$3,097.61, the said amount being now due and owing to the claimant.

THAT said \$3,097.61, 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 Gary Luetkemeyer
Authorized Representative

STATE OF ILLINOIS

} Healthcare and Family Services
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

COUNTY OF COOK

Gary 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.,
My commission expires _____.

