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41049 Fee: \$40,00

STATE OF ILLINOIS  DEPARTMENT OF  HEALTHCARE AND FAMILY SERVICES }  County of Cook }	Doc#: 1407341049 Fee: \$40.0 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] AGF J. ASSISTANCE [ ] DISABILITY ASSISTANCE	
NOTICE IS HEREBY GIVEN: That the Illinois Department of Healthcare and Fadescribed as:	amily Services asserts a claim upon the premises legally
Lot 8 in Block 16 in Mason's Addition to Harvey, to 7 and 15, both inclusive, in School Trustee's S	a Subdivision of Lots 3 & 4 in Ravesloot's Subdivision of Lots 2 Subdivision in section 16, Township 36 North, Range 14, East of nois. Commonly known as 639 - 645 E. 152nd Street, Phoenix,
Renewal of Document # 99927771, filed on 03/3 Renewal of Document # 0421131051, filed on 07 Renewal of Document # 0913533060, filed on 05 P.I.N. 29-16-110-008-0000.	/25/2d04 5/15/7 009
THAT the assistance as checked above was awa	orded to: CASE ID# :91-200-674514

CASE NAME: JOSEPH COOPER

CASE ID#:91-200-674516 COUNTY OF RESIDENCE: 200

from 06/01/1994 through 11/01/1996; inclusive, in the aggregate amount of \$64,322.20.

THAT no part of said Assistance has been repaid to the Claimant, either by the respient, their heirs, devisees, legatees, or by any other person(s) on behalf of the estate.

THAT the amount claimant demands for said Assistance is \$64,322.20, the said amount being now due and owing to the claimant.

THAT said \$64,322.20, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARF, AND FAMILY SERVICES as a claim upon the described real estate.

> ILLINOIS DEPARTMENT OF HEALT#ICARE AND FAMILY SERVICES Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor Chicago, IL 60607-3800

STATE OF ILLINOIS COUNTY OF COOK

, 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

OFFICIAL SEAL **ESTELL HARDIMAN** 

NOTARY PUBLIC - STATE OF ILLINOIS L 478-2317 MY COMMISSION EXPIRES:01/21/15

HFS 289 (R-4-99)

Box 348