## UNOFFICIAL CO



STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook
Notice Of Claim Upon Real Estate
By Virtue of [ ] 305 ILCS 5/3-9
[X] 305 ILCS 5/5-13
FOR: [X] MEDICAL ASSISTANCE
[ ] BLIND ASSISTANCE
[ ] AGED ASSISTANCE
[ ] DISABILITY ASSISTANCE
NOTICE IS HEREBY CIVEN:

Doc#: 1407341053 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/14/2014 10:44 AM Pg: 1 of 1

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

Lot 5 in Dr. William Pepper's Douglas Park Addition to Chicago in Section 25, Township 39 North, Range 13, East of the Third Principal Meridian, in Coo County, Illinois. Commonly known as: 2411 S. Kedzie Ave., Chicago, Illinois 60625-4014

Renewal of Document # 0419832013, filed on 07/16/2004 Renewal of Document # 0913533064, filed on 05/15/2009 P.I.N. 16-25-114-004-0000

THAT the assistance as checked above was awarded to:

CASE NAME: CONCEPCION MORALES

CASE ID# :93-201-F27126 **COUNTY OF RESIDENCE: 201** 

from 07/01/2003 through 01/31/2004; inclusive, in the aggregate amount o \$3, 56.84.

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 \$3,156.84, the said amount being now due and owing to the claimant.

THAT said \$3,156.84, 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 Claim/ant.

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

, 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 my

day of

My commission expires

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILL NOS 8-2317 MY COMMISSION EXPIRES:01/21/15

HFS 289 (R-4-99)

Box 348