UNOFFICIAL COPY

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES County of Cook	} } ; }		Doc#: 1407341054 Fee: \$40.00 Karen A. Yarbrough Cook County Recorder of Deeds
Notice Of Claim Upon Real Estate			Date: 03/14/2014 10:44 AM Pg: 1 of 1
By Virtue of [] 305 ILCS 5/3-9			
[X] 305 ILCS 5/5-13			
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AG'LL ASSISTANCE [] DISAB'L ITY ASSISTANCE			
NOTICE IS HEREDY GIVEN:			
That the Illinois Department of Healthcare described as:			- ·
Lot 1 and the North 10 Feet of Lot 2 in Blo Southwest 1/4 (Except Railroad) in Species Meridian, in Cook County, Illinois. Conmo	n 13, Township 37 North, Ra	ange 13. East o	f the Third Principal
Renewal of Document # 0419832014, filed Renewal of Document # 0913533065, filed P.I.N. 24-13-300-065-0000	I on 05/15/2009		
	as awarded to:		
THAT the assistance as checked above wa	as awarded to:	/_	CASE ID# : 91-213-700636
CASE NAME: MARIE NYKIEL		000	NTY OF RESIDENCE: 213
from 06/01/2002 through 11/30/2003; incluTHAT no part of said Assistance has been legatees, or by any other person(s) on beh	repaid to the Claimant, either		
THAT the amount claimant demands for sa to the claimant.	aid Assistance is \$1,080.22,	the said amour	t being now due and owing
THAT said \$1,080.22, is hereby asserted b SERVICES as a claim upon the described	by the ILLINOIS DEPARTME real estate.	NT OF HEALTH	HCARE AND FAMILY
			PARTMENT OF E AND FAMILY SERVICES LY JULIANUS
	Healthcare and Family Services Collections/Technical Recovery	Auth	grized Representative /
COUNTY OF COOK	Prepared by/Contact/Return to: 312 401 S. Clinton - 5th Floor Chicago, IL 60607-3800	-793-3529	
Bourn Luoth provide	• .		
authorized agent and representative of the in and for the County of Cook, and claiman thereof, and believes the same to be true.	first duly sworn upon oath, d ILLINOIS DEPARTMENT OI It in the foregoing claim, that	F HEALTHCAR	E AND FAMILY SERVICES.
		Jista	- Autolanse
Subscribed and sworn to before the this day of	w an 1dis	inc	otar∲Public
My commission expires 0/-2/-	, 7.0., 604/		FFICIAL SEAL

Box 348

HFS 289 (R-4-99)

NOTARY PUBLIC - STATE OF ILUNG 188-2317 MY COMMISSION EXPIRES:01/21/15