

# UNOFFICIAL COPY



1407341028

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

Doc#: 1407341028 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/14/2014 10:40 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: [X] MEDICAL ASSISTANCE  
[ ] BLIND ASSISTANCE  
[ ] 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 29 in Block 8 in 12th Street Land Association, Subdivision of Blocks 1, 5, 8 and 9 in the partition South of the Center of Barry Point Road, of the East 1/2 of the Southeast 1/4 (except the North 26 Acres) of Section 15, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4046 W. Grenshaw, Chicago, Illinois 60624  
P.I.N. 16-15-424-022-0000

THAT the assistance as checked above was awarded to:

CASE ID# : **91-237-834885**

CASE NAME: **LOIS BROWN**

COUNTY OF RESIDENCE: **200**

from 06/28/2010 through 03/07/2013; inclusive, in the aggregate amount of \$4,569.88.

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 \$4,569.88, the said amount being now due and owing to the claimant.

THAT said \$4,569.88, 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 13 day of March, A.D., 2014.  
My commission expires 01-21-15

HFS 289 (R-4-99)

