

UNOFFICIAL COPY



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

Doc#: 1422612169 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/14/2014 11:41 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 15 in Block 2 in L.M. Turner's Resubdivision of Blocks 1,2,3,4,5, and 6, in L. Turner's Subdivision of the Northeast 1/4 of the East 1/2 of the Southeast 1/4 of Section 19, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, and commonly know as 3535 N. Paulina Street, in Chicago, Illinois 60657-1226.

Renewal of Document #00077982 filed on 01/31/2000
Renewal of Document # 0432114289, filed on 11/16/2004
Renewal of Document # 0925841053, filed on 09/15/2009
P.I.N. 14-19-407-011-0000

THAT the assistance as checked above was awarded to: CASE ID# : 91-200-559065
CASE NAME: JULIA BENSON COUNTY OF RESIDENCE: 200

from 04/01/1999 through 06/30/1999; inclusive, in the aggregate amount of \$4,676.63.
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 \$4,676.63, the said amount being now due and owing to the claimant.
THAT said \$4,676.63, 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 [Signature]
Authorized Representative

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

[Signature]

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.

[Signature]
Notary Public

Subscribed and sworn to before me this 04 day of AUGUST, A.D., 2014.
My commission expires 01-21-15

HFS 289 (R-4-99)

Box 348

