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

Doc#: 1422612170 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/14/2014 11:42 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 44, in Block 2, in E.S. Robbin's first addition to Central Park, being Lot 1 in W.B. Egan's Subdivision of the Northwest 1/4 of Section 2, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, and commonly known as 13512 Monticello Avenue, in Robbins, Illinois 60472-1524.

Renewal of Document #00077985 filed on 01/31/2000
Renewal of Document # 0432114290, filed on 11/16/2004
Renewal of Document # 0925841054, filed on 09/15//2009
P.I.N. 28-02-103-028-0000

THAT the assistance as checked above was awarded to: CASE ID# 93-226-B26895
CASE NAME: CLAUDETTE CARRINGTON COUNTY OF RESIDENCE: 226

from 01/01/1995 through 08/31/1996; inclusive, in the aggregate amount of \$17,877.90.
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 \$17,877.90, the said amount being now due and owing to the claimant.

THAT said \$17,877.90, 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
 } Collections/Technical Recovery
COUNTY OF COOK } 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 09 day of August, A.D., 2014
My commission expires 01-21-15

HFS 289 (R-4-99)

Box 348



478-2317