**UNOFFICIAL COP** STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** } Doc#: 1422612174 Fee: \$40.00 Karen A.Yarbrough Cook County Recorder of Deeds Notice Of Claim Upon Real Estate Date: 08/14/2014 11:44 AM Pg: 1 of 1 By Virtue of [ ] 305 ILCS 5/3-9 [X] 305 ILCS 5/5-13 FOR: IXI 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 Lot 36 in Block 5 in Weddell and Cox's Hillside Subdivision in the Northwest 1/4 of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 12/6 w 73rd Place, Chicago, Illinois 60636-4102 Renewal of Document # 0927341503, filed on 09/30//2009 P.I.N. 20-29-124-029-0000 THAT the assistance as checked above was awarded to: CASE ID#: 93-208-628257 CASE NAME: NORMAN HUDSON **COUNTY OF RESIDENCE: 208** from 10/01/1993 through 06/09/2008; inclusive, in the aggregate ansunt of \$81,991.40. 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 \$81,991.40, the said amount being now due and owing to the claimant. THAT said \$81,991.40, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT OF HEALT//CARE AND FAMILY SERVICES Claima Ву Healthcare and family Services STATE OF ILLINOIS 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 b

HFS 289 (R-4-99)

My commission expires

County of Cook

described as:

OFFICIAL SEAL **ESTELL HARDIMAN** NOTARY PUBLIC - STATE OF ILLINOIS **4**78-2317

MY COMMISSION EXPIRES:01/21/15

**Box 348**