UNOFFICIAL COP STATE OF ILLINOIS **DEPARTMENT OF** Doc#: 1422612177 Fee: \$40.00 **HEALTHCARE AND FAMILY SERVICES** Karen A. Yarbrough Cook County Recorder of Deeds County of Cook Date: 08/14/2014 11:45 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 Lot Thirty Four (34) in Clem B. Mulholland, Inc., Ridge Manor Subdivision in the West half (1/2) of the Southwest Quarter (1/4) of Section 12. Township 37 North, Range 13, East of the Third Principal Meridian, according to Plat registered in the Office of the Pegistrar of Titles of Cook County, Illinois, on April 19, 1954, as Document Number 1517999. Commonly known as: 10013 S. Utica Ave, Evergreen Park, IL 60805-3526 Renewal of Document # 0432114234 isled on 11/16/2004 Renewal of Document # 0925841056, filed on 09/15//2009 P.I.N. 24-12-300-037-0000

THAT the assistance as checked above was awarded to:

CASE NAME: LENORE MAJOR

CASE ID# :91-200-777421 COUNTY OF RESIDENCE: 200

from 09/01/2002 through 07/11/2004; inclusive, in the aggregate ar leunt of \$9,324.38.

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 \$9,324.38, the said amount being now due and owing to the claimant.

THAT said \$9,324.38, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

HEALTHCARE AND FAMILY S Claimah 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 | day of OFFICIAL SEAL

HFS 289 (R-4-99)

ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLING 15472

MY COMMISSION EXPIRES:01/21/15

ILLINOIS DEPARTMENT OF

Box 348