UNOFFICIAL COP STATE OF ILLINOIS Doc#: 1422612181 Fee: \$40.00 **DEPARTMENT OF** Karen A. Yarbrough Cook County Recorder of Deeds **HEALTHCARE AND FAMILY SERVICES** Date: 08/14/2014 11:47 AM Pg: 1 of 1 County of Cook 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 8 in Block 5 in Carterbury Garden's Unit #3, a Resubdivision of part of Canterbury Garden's Unit #2, a Subdivision of the West 1.2 of the East 1/2 and part of the Northwest 1/4 of Section 24, Township 36 North, Range 13, East of the Third Principal Meridian, according to the plat thereof registered in the Office of the Registrar of Titles of Cook County, on July 7, 1957, as Document No. 1747357. Commonly known as: 16424 Plymouth Drive, Harvey, Illinois 60426. Renewal of Document #00077988 filed c: 61/31/2000 Renewal of Document # 0432114293, filed on 11/16/2004 Renewal of Document # 0925841059, filed on 09/15//2009 P.I.N. 28-24-418-020-0000. THAT the assistance as checked above was awarded to. CASE ID# :93-226-C09214 COUNTY OF RESIDENCE: 226

CASE NAME: JOHNNY TOLAR

from 04/01/1999 through 08/08/1999; inclusive, in the aggregate arricunt of \$20,396.89.

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 \$20,396.89, the said amount being now due and owing to the claimant.

THAT said \$20,396.89, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

Claiman 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 Mbeing first duly swom 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. Notary Public

Subscribed and sworn to before me.

My commission expires

OFFICIAL SEAL

ILLINOIS DEPARTMENT OF

HEALTHEARE AND FAMILY SERNICES

HFS 289 (R-4-99)

Box 348

ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINO 4.498-2317 MY COMMISSION EXPIRES:01/21/15