

UNOFFICIAL COPY

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



Notice Of Claim Upon Real Estate
By Virtue of [] 305 ILCS 5/3-9
 [X] 305 ILCS 5/5-13

Doc#: 1431742082 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/13/2014 11:03 AM Pg: 1 of 1

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 Prince Buildings Oak Lawn Subdivision of the East 1/2 of the West 1/2 of the East 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 10, Township 37 North, Range 13, East of the Third Principal Meridian, (except that part of the North 170 feet thereof lying West of the East 33 feet thereof) in Cook County, Illinois. Commonly known as: 9542 S. Knox, Oak Lawn, Illinois 60453
P.I.N. 24-10-122-017-0000

THAT the assistance as checked above was awarded to:

CASE ID# : **91-226-B08432**
COUNTY OF RESIDENCE: **226**

CASE NAME: **THEOFANI AGOPIAN**

from 09/10/2012 through 05/24/2014; inclusive, in the aggregate amount of \$917.11.

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 \$917.11, the said amount being now due and owing to the claimant.

THAT said \$917.11, 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 George Luetkemeyer
Authorized Representative

STATE OF ILLINOIS

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

COUNTY OF COOK

GEORGE LUETKEMEYER 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.

Estell Hardiman
Notary Public

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

