

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

FOR: [X] MEDICAL ASSISTANCE
 [] BLIND ASSISTANCE
 [] AGED ASSISTANCE
 [] DISABILITY ASSISTANCE



Doc#: 1431742084 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/13/2014 11:04 AM Pg: 1 of 1

NOTICE IS HEREBY GIVEN:

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

Lot 9 in Block 5 in Grand Addition to Edison Park, a Subdivision of the East 25 Acres of the West 30 Acres of the North 60 Acres and the North 30 Acres of the West 50 Acres of the South 100 Acres of the Northeast 1/4 of Section 36, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7016 N. Oleander, Chicago, Illinois 60631
P.I.N. 09-36-208-031-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-200-b02072

CASE NAME: **MARGARET FOURNIER**

COUNTY OF RESIDENCE: **200**

from 03/20/2013 through 03/09/2014; inclusive, in the aggregate amount of \$56,242.78.

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 \$56,242.78, the said amount being now due and owing to the claimant.

THAT said \$56,242.78, 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 Luetkenmeyer
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 LUETKENMEYER 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

