UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES** County of Cook Notice Of Claim Upon Real Estate Doc#: 1431742086 Fee: \$40.00 By Virtue of [] 305 ILCS 5/3-9 Karen A. Yarbrough [X] 305 ILCS 5/5-13 Cook County Recorder of Deeds Date: 11/13/2014 11:05 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 All of Lot 19, the North 10 feet of 10t 20, in Block 6 in Constance, eing a Subdivision by Wallace C. Clement of the East 1/2 of the Southwest 1/4 of Section 36, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 8446 S. Constance, chicago, Illinois 60617 P.I.N. 20-36-312-044-0000 Coop Cou CASE ID#: 91-218-825262 THAT the assistance as checked above was awarded to: **COUNTY OF RESIDENCE: 200** CASE NAME: MYRLINE MURPHY from 04/05/2004 through 07/08/2014; inclusive, in the aggregate amount of \$139,027.96. 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 \$139,027.96, the said care unt being now due and owing to the claimant. THAT said \$139,027.96, 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 CERVICES Claimant Βy Healthcare and Family Services Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800 STATE OF ILLINOIS COUNTY OF COOK MEV 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 before, me this Ob day of My commission expires 2 OFFICIAL SEAL

Box 348

HFS 289 (R-4-99)

NOTARY PUBLIC - STATE OF ILLINOIS 48-2317 MY COMMISSION EXPIRES:01/21/15

ESTELL HARDIMAN