## **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 Doc#: 1431742088 Fee: \$40.00 Karen A.Yarbrough [X] 305 ILCS 5/5-13 Cook County Recorder of Deeds FOR: [X] MEDICAL ASSISTANCE Date: 11/13/2014 11:05 AM Pg: 1 of 1 [ ] 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 Lot 4 and the North 8 feet of Lot 5 in Block 16 in Bartlet Highlands, being a Subdivision of Southwest 1/4 (except East 1/2 of East 1/2 thereof) of Section 8, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5308 S. Merrimac Ave., Chicago, Illinois 60638 PIN 19-08-318-059-0000 Coop Coup CASE ID#: 91-200-883108 THAT the assistance as checked above was awarded to: COUNTY OF RESIDENCE: 200 CASE NAME: ELAINE RUSCIO from 07/01/2006 through 03/04/2013; inclusive, in the aggregate amount of \$261,223.36. 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 \$261,223.36, the said anount being now due and owing to the claimant. THAT said \$261,223.36, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTH CAPE AND FAMILY SERVICES as a claim upon the described real estate. ILLINOIS DEPARTMENT OF HEALTHGARE AND FAMILY SERVICES Claimant Authorized Representative 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 TEARGE LUE KENEVEK, 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. 

**Box 348** 

HFS 289 (R-4-99)

ESTELL HAT DIMAN

MY COMMISSION EXPIRES:01/21/15

NOTARY PUBLIC - STATE OF ILLING 18473-2317