

# UNOFFICIAL COPY



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

Doc#: 1504810074 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/17/2015 12:09 PM Pg: 1 of 1

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:

That part of the following described property taken as a single tract of land: Lots 15, 16 and the North 15 feet of Lot 17 in Block 1 in Smith's Addition to Normalville in the Northwest 1/4 of the Southwest 1/4 of Section 21, Township 38 North, Range 14, East of the Third Principal Meridian, lying North of the following described line - Beginning at a point on the West line of said single tract of land 25 feet North of the Southwest corner thereof; thence East parallel with the South line of said tract 116 feet; thence North parallel with the West line of said tract a distance of 14.30 feet; thence East parallel with the South line of said tract a distance of 44.10 feet to a point on the East line of said tract, all in the City of Chicago. Commonly known as: 6735 South Union, Chicago, Illinois 60621.

Renewal of Document #00677928 filed on 08/31/2000  
Document #0516611280, filed 06/15/2005  
Renewal of Document # 1007433156, filed on 03/15//2010  
PIN: 20-21-302-040-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 93-232-385554

CASE NAME: LORENNA JACKSON

COUNTY OF RESIDENCE: 232

from 06/04/1982 through 01/01/1987; inclusive, in the aggregate amount of \$7,502.30.

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 \$7,502.30, the said amount being now due and owing to the claimant.

THAT said \$7,502.30, 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 Gary Luthkeneyer  
Authorized Representative

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

Gary Luthkeneyer, 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 21 day of January, A.D., 2015.  
My commission expires 01-21-19

