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

Doc#: 1407341032 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/14/2014 10:40 AM 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:
The South 1/2 of Lot 6 and all of Lot 7 in block 7 in Hosmer and Mackey's Subdivision of Blocks 1 to 6 and 12 to 16 inclusive in Freer's Subdivision of the West 1/2 of the Northwest 1/4 of Section 2, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1443 N. Springfield, Chicago, Illinois 60651
P.I.N. 16-02-110-007-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-237-751511
COUNTY OF RESIDENCE: 200

CASE NAME: BEDIE TILLMAN

from 08/01/2006 through 04/28/2013; inclusive, in the aggregate amount of \$95,256.28.

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 \$95,256.28, the said amount being now due and owing to the claimant.

THAT said \$95,256.28, 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 [Signature]
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

[Signature], 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.

[Signature]
Notary Public

Subscribed and sworn to before me this 13 day of March, A.D., 2014
My commission expires 01-21-15



HFS 289 (R-4-99)