

UNOFFICIAL COPY



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

Doc#: 1422612182 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/14/2014 11:47 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:

Lot 10 in Block 16 in Woodell and Cox Subdivision of the West 1/2 of the North East 1/4 of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6625 S. Carpenter St., Chicago, IL 60621-1211

Renewal of Document #0435004147, filed on 12/15/2004
Renewal of Document # 0928804141, filed on 10/15//2009
P.I.N. 20-20-227-010-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 93-205-554975

CASE NAME: WILLA VINSON

COUNTY OF RESIDENCE: 205

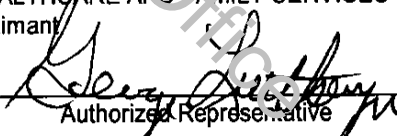
from 10/01/1993 through 12/06/2003; inclusive, in the aggregate amount of \$27,650.00.

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 \$27,650.00, the said amount being now due and owing to the claimant.

THAT said \$27,650.00, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

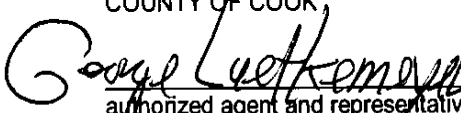
ILLINOIS DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES
Claimant

By 
Authorized Representative

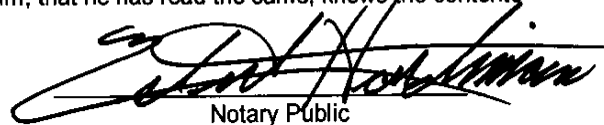
STATE OF ILLINOIS

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,



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.


Notary Public

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

HFS 289 (R-4-99)

Box 348

