

# UNOFFICIAL COPY

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



Doc#: 1504810033 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/17/2015 11:44 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 East 13.79 feet of the West 17.13 feet of Lot 7 in Roy's Subdivision of Block 20 in W.D. Cole's Subdivision of the North 90.37 acres of part of the Northeast 1/4 of Section 5, Township 37 North, Range 14, East of the Third Principal Meridian, lying West of Railroad, in Cook County, Illinois. Commonly known as: 1049 West 87th Street, Chicago, Illinois 60620  
P.I.N. 25-05-202-051-0000

THAT the assistance as checked above was awarded to:

CASE ID# 93-236-ma3133

CASE NAME: DARYL WARD

COUNTY OF RESIDENCE: 200

from 05/06/2010 through 12/18/2013; inclusive, in the aggregate amount of \$84,927.95.

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 \$84,927.95, the said amount being now due and owing to the claimant.

THAT said \$84,927.95, 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 George Luetkeneyer  
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

George Luetkeneyer, 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.

Estelle Hardiman  
Notary Public

Subscribed and sworn to before me this  
21 day of January, A.D., 2015.  
My commission expires 01-21-19

HFS 289 (R-4-99)

Box 348

