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#: 1516342035 Fee: \$40.00 [X] 305 ILCS 5/5-13 Karen A.Yarbrough Cook County Recorder of Deeds FOR: [X] MEDICAL ASSISTANCE Date: 06/12/2015 11:12 AM Pg: 1 of 1 [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE NOTICE IS HEREBY C!VEN: That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described The South 33 1/3 feet of Lo 34 in Division 2 of Westfall's Subdivision of the East 1/2 of the Southwest 1/4 and the Southeast fractional 1/4 of Section 35, Township 38 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7748 S. Saginaw Ave., Chicago, Illinois 60649 P.I.N. 21-30-322-031-0000 3004 COUP THAT the assistance as checked above was awarded to: CASE ID#: 93-218-M55277 CASE NAME: PHILLIP MANTLE COUNTY OF RESIDENCE: 200 from 10/01/2013 through 06/14/2014; inclusive, in the aggregate amount of \$67,741.66. 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 \$67,741.66, the said amount being now due and owing to the claimant. THAT said \$67,741.66, 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 Authorized Representative Healthcare and Family Services Collections/Technical Recovery
Prepared by/Contact/Return to: 312-793-3529
401 S. Clinton - 5th Floor
Chicago, IL 60607-3800 STATE OF ILLINOIS 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. bscribed and sworn to before me this <u>ろ</u> day of commission expires OFFICIAL SEAL

_{ROX} 348

HFS 289 (R-4-99)

ESTELL HARDIMAN

NOTARY PUBLIC - STATE OF ILLINOIS 48-2317

MY COMMISSION EXPIRES:01/21/19