

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
 [X] 305 ILCS 5/5-13

Doc#: 1525342072 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/10/2015 11:23 AM Pg: 1 of 1

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 33 and Lot 34 in Block 13 in Frederick H. Bartlett's Central Chicago Subdivision in the Southeast 1/4 of Section 9, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4519 S. Laramie Ave., Chicago, Illinois 60638

Renewal of Document # 1030233098 filed on 10/29//2010
P.I.N. 19-04-416-007-0000

THAT the assistance as checked above was awarded to:

CASE ID# : **91-208-885747**

CASE NAME: **JOSEPHINE STEWART**

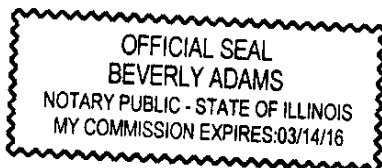
COUNTY OF RESIDENCE: **208**

from 10/27/2005 through 06/13/2010; inclusive, in the aggregate amount of \$53,639.34.

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 \$53,639.34, the said amount being now due and owing to the claimant.

THAT said \$53,639.34, 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

ESTELL HARDIMAN, 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
27th day of August, A.D., 2015.
My commission expires 3.14.16