

# UNOFFICIAL COPY

STATE OF ILLINOIS  
DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES



County of Cook

Doc#: 1535042019 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/16/2015 11:05 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 35 in the Subdivision of the South 1/2 of Section 10, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4234 W West End Ave., Chicago, Illinois 60624  
P.I.N. 16-10-414-033-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-237-834810

CASE NAME: EVERLENA LOVE

COUNTY OF RESIDENCE: 000

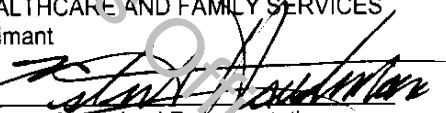
from 05/11/2010 through 06/18/2015; inclusive, in the aggregate amount of \$73,210.49.

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 \$73,210.49, the said amount being now due and owing to the claimant.

THAT said \$73,210.49, 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

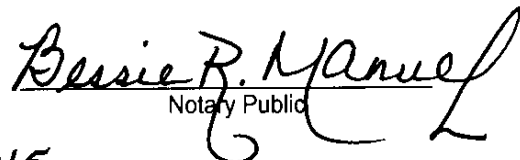
By   
Authorized Representative

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

ESTELLE HARTMAN, 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  
9th day of December, A.D., 2015  
My commission expires 11/09/16.

HFS 289 (R-4-99)

IL478-2317

Box 348

