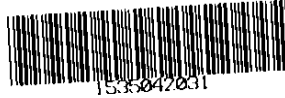


# UNOFFICIAL COPY

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#: 1535042031 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/16/2015 11:37 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:

Lots 22 and 23 in Block 203 in Chicago Heights, a Subdivision of the North 1/2 of Section 21, Township 35 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 1143 Fifth Avenue, Chicago Heights, Illinois 60411.

Renewal of Document # 0010409892 filed on 05/16/2001  
Renewal of Document #0609034186, filed on 03/31/2006  
Renewal of Document #1103133076 filed on 07/31/2011  
P.I.N. 32-21-202-023-0000

THAT the assistance as checked above was awarded to:

CASE ID# : 91-200-699838

CASE NAME: MARY BANKS

COUNTY OF RESIDENCE: 200

from 09/01/1996 through 10/26/1996; inclusive, in the aggregate amount of \$2,878.86.

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 \$2,878.86, the said amount being now due and owing to the claimant.

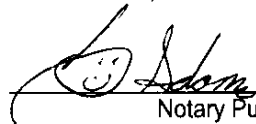
THAT said \$2,878.86, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

ILLINOIS DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES  
Claimant

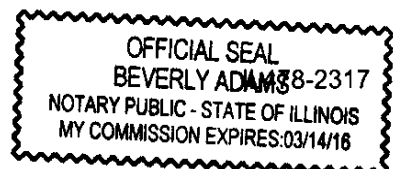
By   
Authorized Representative

STATE OF ILLINOIS } Healthcare and Family Services  
                          } Collections/Technical Recovery  
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529  
                          } 401 S. Clinton - 5th Floor  
                          } Chicago, IL 60607-3800

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.

  
Notary Public

Subscribed and sworn to before me this  
20 day of NOVEMBER, A.D., 2015.  
My commission expires 3.14.16.



HFS 289 (R-4-99)