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Doc#: 1601442035 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 01/14/2016 11:16 AM Pg: 1 of 1

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

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 43 in Block 14 in Weudeh and Cox's Subdivision of the West 1/2 of the Northeast 1/4 of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6606 S. Aberdeen, Chicago, Illinois 60621

P.I.N. 20-20-225-022-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000FF0768

CASE NAME: IDA REGULUS

COUNTY OF RESIDENCE: 200

from 05/01/2015 through 10/18/2015; inclusive, in the aggregate amount of \$20,126.95.

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 \$20,126.95, the said amount being now due and owing to the claimant.

THAT said \$20,126.95, 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 [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

ESTEL HARDYMAN, 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.

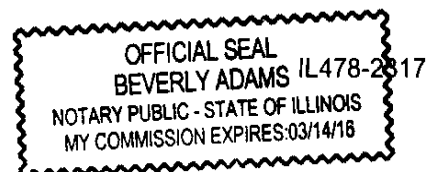
[Signature]
Notary Public

Subscribed and sworn to before me this

13 day of JANUARY, A.D., 2016.

My commission expires 3.14.16.

HFS 289 (R-4-99)



Box 348