

# UNOFFICIAL COPY



STATE OF ILLINOIS }  
DEPARTMENT OF }  
HEALTHCARE AND FAMILY SERVICES }  
County of Cook }

Doc#: 1610610166 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/15/2016 11:48 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 16 and the North 10 Feet of Lot 17 in Block 3 in Croissant Park Markham Wells First Addition in the Northwest Quarter of the Southwest Quarter of Section 12, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 14727 South Troy, Posen, IL 60469

Renewal of Document # 0624310077, filed on 08/31/2006  
Renewal of Document # 1118126144 filed on 06/30/2011  
P.I.N. 28-12-301-043-0000

THAT the assistance as checked above was awarded to: **CASE ID#: 91-200-000841441**  
**CASE NAME: FRANCES O'DONNELL** **COUNTY OF RESIDENCE: 200**

from 08/05/2004 through 04/20/2006; inclusive, in the aggregate amount of \$56,274.85.  
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 \$56,274.85, the said amount being now due and owing to the claimant.

THAT said \$56,274.85, 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

ESTELLE 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  
14th day of APRIL, A.D., 2016  
My commission expires 11/09/16

HFS 289 (R-4-99)

IL478-2317

