

# UNOFFICIAL COPY

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



Doc#: 1610610167 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 04/15/2016 11:49 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 24 in Block 5 in Sherman and Krutz's Roseland Park Addition to Pullman, A Subdivision of Part of the Southwest 1/4 of the Northeast 1/4 of Section 21, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 346 W. 115th Street, Chicago, Illinois 60628

Renewal of Document # 0622720170, filed on 08/15//2006  
Renewal of Document # 1118126145 filed on 06/30/2011  
P.I.N. 25-21-224-040-0000

THAT the assistance as checked above was awarded to: **CASE ID#: 93-236-000B24442**  
**CASE NAME: JULIA ROBINSON** **COUNTY OF RESIDENCE: 236**

from 05/01/1995 through 05/13/2006; inclusive, in the aggregate amount of \$53,960.82.

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 \$53,960.82, the said amount being now due and owing to the claimant.

THAT said \$53,960.82, 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

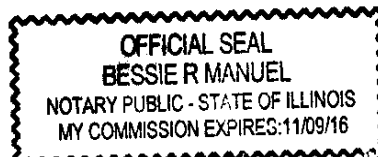
STATE OF ILLINOIS } Healthcare and Family Services  
                          } Collections/Technical Recovery  
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529  
                          } 401 S. Clinton - 5th Floor  
                          } Chicago, IL 60607-3800

*ESTELL 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.

*Bessie R Manuel*  
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