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

Doc#: 1610610132 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/15/2016 11:36 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:

Unit Number 7 in Building 4406 in West 55th Street Condominium, as delineated on a Plat of survey of the following described tract of land: Lots 16, 17, 18, 19, 20, 21, 22 and 23 in Block 8 in Archer Highlands addition, being a H. H. Wessel and Company's Subdivision of the West 1/2 of the West 1/2 of the Northeast 1/4 of Section 10, also the East 1/4 (except Railroad right of ways) of East 1/2 of the Southwest 1/4 of Section 10 all in Township 38 North, Range 13, East of the Third Principal Meridian, which Plat of survey is attached as exhibit "A" to the Declaration of Condominium recorded April 16, 2007 as Document Number 0710615064; together with its undivided percentage interest in the common elements, in Cook County, Illinois. Commonly known as: 4406 W. 55th Street, Unit 7, Chicago, Illinois 60632 P.N. 19-10-326-056-1015

THAT the assistance as checked above was awarded to: **CASE ID#: 91-200-000725313**
CASE NAME: TEODORO FIGUEROA **COUNTY OF RESIDENCE: 200**

from 06/01/2004 through 11/29/2015; inclusive, in the aggregate amount of \$245,737.41.

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 \$245,737.41, the said amount being now due and owing to the claimant.

THAT said \$245,737.41, 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
COUNTY OF COOK

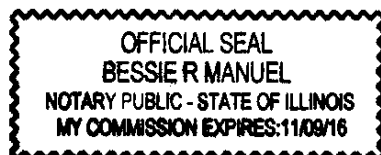
} Healthcare and Family Services
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

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
6th day of APRIL, A.D., 2016.
My commission expires 11/09/16

HFS 289 (R-4-99)



IL478-2317