

# UNOFFICIAL COPY



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

Doc#: 1613942027 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/18/2016 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:

The South 1/2 of Lot 17 and all of Lot 18, in the Subdivision by Coughenour of the West 1/2 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 1, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 9436 S. Utica Avenue, Evergreen Park, Illinois 60805  
P.I.N. 24-01-324-044-0000

THAT the assistance as checked above was awarded to:

CASE ID#: **91-231-000FD5952**

CASE NAME: **LEONOR HERNANDEZ**

COUNTY OF RESIDENCE: **200**

from 01/01/2015 through 01/29/2016; inclusive, in the aggregate amount of \$3,580.07.

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 \$3,580.07, the said amount being now due and owing to the claimant.

THAT said \$3,580.07, 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

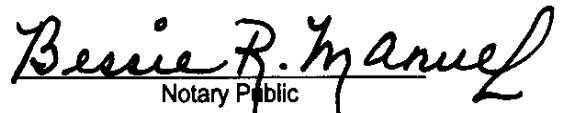
By   
Authorized Representative

STATE OF ILLINOIS

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

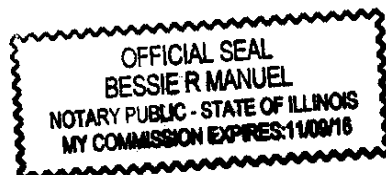
COUNTY OF COOK

ESTEL HARDMAN, 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  
26 day of APRIL, A.D., 2016  
My commission expires 11/09/16

HFS 289 (R-4-99)



IL478-2317