

UNOFFICIAL COPY

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



Doc#: 1613942030 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/18/2016 11:38 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 41 (except the South 21 feet thereof) all of Lot 42 and South 1 foot of Lot 43 in Block 9 in the Subdivision of Blocks 1 to 8 inclusive except the North 134 feet of Blocks 1 and 2 except the North 60 feet of the South 350 feet of Blocks 7 and 8 in Lyons Subdivision of the West 1/2 of the Northeast 1/4 of Section 18, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5717 S. Honore Street, Chicago, Illinois 60636
P.I.N. 20-18-219-006-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 93-203-000961171

CASE NAME: DORIS JAMES

COUNTY OF RESIDENCE: 200

from 05/24/2008 through 02/05/2016; inclusive, in the aggregate amount of \$28,832.12.

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 \$28,832.12, the said amount being now due and owing to the claimant.

THAT said \$28,832.12, 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

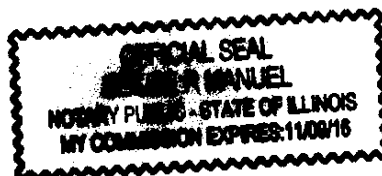
COUNTY OF COOK

ESTEL HADJIAN, 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
26 day of APRIL, A.D., 2016
My commission expires 11/07/16

HFS 289 (R-4-99)



IL478-2317