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

Doc#: 1616842055 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/16/2016 11:28 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 418 as delineated on the survey of part of the Southwest 1/4 of the Southwest 1/4 of Section 22, Township 41 North, Range 10, East of the Third Principal Meridian, hereinafter referred to as parcel, which survey is attached as exhibit "A" to Declaration of Condominium made by Michigan Avenue National Bank of Chicago Trust Number 2528 recorded in the Office of Recorder of Deeds of Cook County, Illinois as Document 23892082 as amended from time to time together with its undivided percentage interest in said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and survey, all in Cook County, Illinois Commonly known as: 220 S. Roselle Road, Unit 418, Schaumburg, Illinois 60193
P.I.N. 07-22-302-005-1088

THAT the assistance as checked above was awarded to:

CASE ID#: 93-233-000E14329
COUNTY OF RESIDENCE: 200

CASE NAME: BARBARA DENTZMAN

from 05/31/2003 through 02/25/2016; inclusive, in the aggregate amount of \$62,265.88.

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 \$62,265.88, the said amount being now due and owing to the claimant.

THAT said \$62,265.88, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

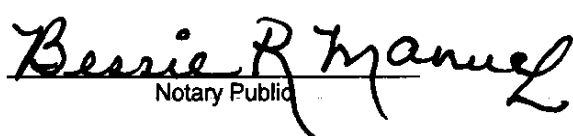
ILLINOIS DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES
Claimant

By 
Authorized Representative

STATE OF ILLINOIS
COUNTY OF COOK

Healthcare and Family Services
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3329
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

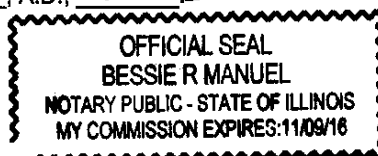
ESTELL HARDMAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof, and believes the same to be true.


Notary Public

Subscribed and sworn to before me this

23 day of May, A.D., 2016
My commission expires 11/09/16

HFS 289 (R-4-99)



IL478-2317