

UNOFFICIAL COPY

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



Notice Of Claim Upon Real Estate
By Virtue of [] 305 ILCS 5/3-9
 [X] 305 ILCS 5/5-13

Doc#: 1616842098 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/16/2016 11:46 AM Pg: 1 of 1

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 44 (except the North 4 1/2 feet thereof) in Cummings & Foreman's Real Estate Corporation Harrison Street & 9th Avenue Subdivision in the South East 1/4 of Section 15, Township 39 North, Range 12, East of the Third Principal Meridian, ATTPIR 2/9/1924 as Document # 8278599 in Cook County, Illinois. Commonly known as: 2123 S. 10th Avenue, Mayood, Illinois 60150-3107

Renewal of Document # 1122742020 filed on 09/15/2011
P.I.N. 15-15-431-010-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 03-229-000d71862

CASE NAME: ROBERT JONES

COUNTY OF RESIDENCE: 229

from 11/01/2002 through 12/19/2010; inclusive, in the aggregate amount of \$140,562.80.

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 \$140,562.80, the said amount being now due and owing to the claimant.

THAT said \$140,562.80, 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

ESTELLE WARDMAN 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
1st day of JUNE, A.D., 2016
My commission expires 11/09/16



HFS 289 (R-4-99)

IL478-2317