

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#: 1616842100 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/16/2016 11:47 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 8 (except the North 5 feet thereof) and the North 10 feet of Lot 9 in Block 11 in East Chicago Lawn, being Campbell's Subdivision of the South 1/2 of the West 1/2 of the Northwest 1/4 of Section 24, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 6518 S Albany Ave., Chicago, Illinois 60629

Renewal of Document # 1122742023 filed on 08/15/2011
P.I.N. 19-24-117-025-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-208-000MA1713

CASE NAME: ROSE WNEK

COUNTY OF RESIDENCE: 200

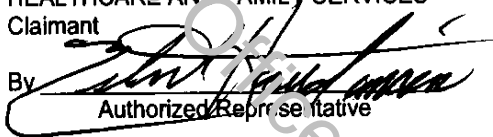
from 06/01/2010 through 01/07/2011; inclusive, in the aggregate amount of \$98,820.55.

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 \$98,820.55, the said amount being now due and owing to the claimant.

THAT said \$98,820.55, 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

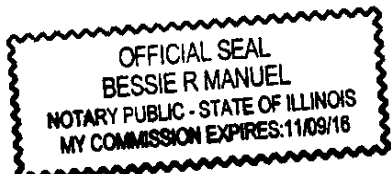
} Healthcare and Family Services
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

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.

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