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

Doc#: 1619601112 Fee: \$40.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/14/2016 11:59 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 North 1/2 of Lot 16 in Block 7 in Beck's Subdivision of the Southeast 1/4 of the Southwest 1/4 of Section 21, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7041 S Normal Blvd., Chicago, Illinois 60621-3022

Renewal of Document # 1125840139 filed on 09/15/2011
P.I.N. 20-21-327-013-0000

THAT the assistance as checked above was awarded to: **CASE ID#: 91-212-000856011**
CASE NAME: MAE WILLIAMS **COUNTY OF RESIDENCE: 200**

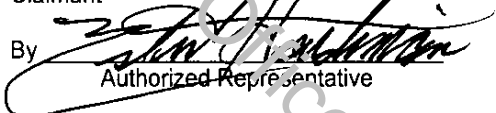
from 11/01/1997 through 12/30/2010; inclusive, in the aggregate amount of \$22,825.74.

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 \$22,825.74, the said amount being now due and owing to the claimant.

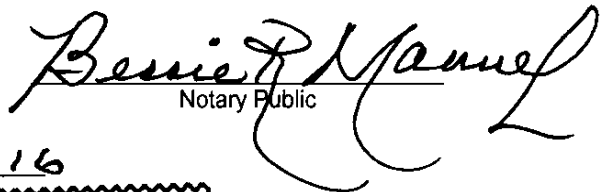
THAT said \$22,825.74, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

ILLINOIS DEPARTMENT OF
HEALTHCARE AND FAMILY SERVICES
Claimant

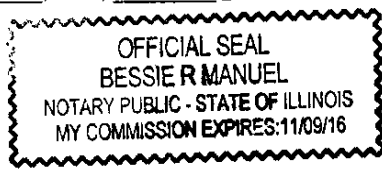
By 
Authorized Representative

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

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
5th day of JULY, A.D., 2016
My commission expires 11/09/16



HFS 289 (R-4-99)

IL478-2317