

# UNOFFICIAL COPY



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

Doc#: 1625901047 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/15/2016 11:26 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 2 (except the North 22.34 feet thereof), all of Lot 3 in Block 2 in George W. Cass' addition to Hawthorne, being a Subdivision of Block 8, of Thomas P. Baldwin's Subdivision of the Northwest 1/4 of Section 33, Township 39 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 3204 S. 52nd Court, Cicero, Illinois 60804  
P.I.N. 16-33-113-023-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 93-229-000864652

CASE NAME: ARNOLD SKALA

COUNTY OF RESIDENCE: 00

from 02/01/2001 through 04/23/2016; inclusive, in the aggregate amount of \$42,184.43.

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 \$42,184.43, the said amount being now due and owing to the claimant.

THAT said \$42,184.43, 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

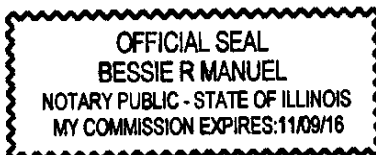
COUNTY OF COOK

ESTELL HARDIMAN, 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.

[Signature]  
Notary Public

Subscribed and sworn to before me this  
6th day of SEPTEMBER, A.D., 2016.  
My commission expires 11/09/16

HFS 289 (R-4-99)



IL478-2317