

# UNOFFICIAL COPY



1625901049

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

Doc#: 1625901049 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/15/2016 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:

Lot 8 in Block 4 in Frederick H. Bartlett's Marquette Highlands, a Subdivision in the Northeast 1/4 of the Northeast 1/4 of Section 21, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4953 W. 63rd Street, Chicago, Illinois 60638  
P.I.N. 19-21-204-003-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-208-000725944

CASE NAME: ELVIRA VIGNER!

COUNTY OF RESIDENCE: 200

from 01/20/2016 through 06/15/2016; inclusive, in the aggregate amount of \$14,279.11.

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 \$14,279.11, the said amount being now due and owing to the claimant.

THAT said \$14,279.11, 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

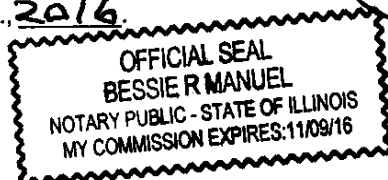
ESTEL WARDIAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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

[Signature]  
Notary Public

Subscribed and sworn to before me this

31st day of AUGUST, A.D., 2016.

My commission expires 11/09/16



HFS 289 (R-4-99)

IL478-2317