

# UNOFFICIAL COPY



Doc#: 1625901050 Fee: \$40.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/15/2016 11:26 AM Pg: 1 of 1

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

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 3 (except the North 203 feet thereof) in Block 93 in F.H. Bartlett's Sixth Addition to Bartlett Highlands Subdivision of the Northwest 1/4 of Section 18, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5756 S. Sayre, Chicago, Illinois 60609  
P.I.N. 19-18-119-034-0000

THAT the assistance as checked above was awarded to:  
CASE NAME: **CHRISTINE WASIK**

CASE ID#: **93-208-000L87435**  
COUNTY OF RESIDENCE: **200**

from 09/13/2012 through 06/28/2016; inclusive, in the aggregate amount of \$2,954.27.

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 \$2,954.27, the said amount being now due and owing to the claimant.

THAT said \$2,954.27, 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

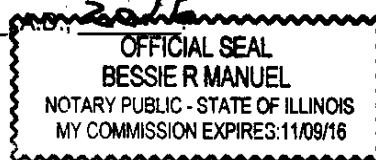
STATE OF ILLINOIS  
COUNTY OF COOK

} 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 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  
25 day of August  
My commission expires 11/09/16



HFS 289 (R-4-99)

IL478-2317