

# UNOFFICIAL COPY



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

Doc#: 1625901052 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:

The South 40 feet of the West 115 feet of Lot 22 in Carter's Subdivision of Block 5 in Frink's Subdivision of the North 36-1/4 acres of the Northeast 1/4 of the Southeast 1/4 of Section 8, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 241 N Waller Ave., Chicago, Illinois 60644

P.I.N. 16-08-410-002-000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-237-000FH0685

CASE NAME: VIOLET WILSON

COUNTY OF RESIDENCE: 000

from 04/18/2016 through 06/20/2016; inclusive, in the aggregate amount of \$42,492.26.

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 \$42,492.26, the said amount being now due and owing to the claimant.

THAT said \$42,492.26, 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 Estel Hardiman  
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

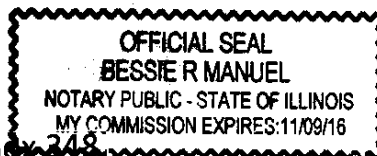
COUNTY OF COOK

ESTEL 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.

Bessie R. Manuel  
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

Box 248