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

Doc# 1701942142 Fee \$40.00

Notice Of Claim Upon Real Estate
By Virtue of [] 305 ILCS 5/3-9
 [X] 305 ILCS 5/5-13

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 01/19/2017 11:50 AM PG: 1 OF 1

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 5 feet of Lot 6 and all of Lot 7 in Block 3 in Glover's Subdivision of the East half of the Southwest Quarter of the Southeast Quarter of Section 4, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois and commonly known as 841 N. LeClaire Avenue, Chicago, Illinois 60651-3015.

Renewal of Document Number 97556071 filed on July 31, 1997. Also Document #0020674402 filed on 06/17/2002, Renewal of Document # 0712223194, filed on 05/02/2007, Renewal of Document # 1207533110 filed on 03/15/2012
P.I.N. 16-04-425-006-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-237-000597163

CASE NAME: MARY MOREHEAD

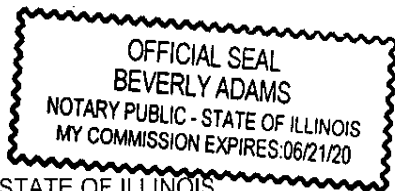
COUNTY OF RESIDENCE: 237

from 11/01/1991 through 08/11/1996; inclusive, in the aggregate amount of \$11,344.47.

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 \$11,344.47, the said amount being now due and owing to the claimant.

THAT said \$11,344.47, 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 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
4 day of JANUARY, A.D., 2017.
My commission expires 6/21/20.