

# UNOFFICIAL COPY

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



Doc# 1704704119 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/16/2017 12:17 PM 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 West sixteen feet of Lot 4 and the East 19 feet of Lot 5 in Block 17 in community Resubdivision of certain Lots and parts of Lots in the School Trustee's Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian according to the plat thereof recorded April 22, 1946 as Document Number 13774213 in Cook County, Illinois. Commonly known as: 5317 W. Gladys Ave., Chicago, Illinois 60644

Renewal of Document # 0716641083, filed on 06/15/2007

Renewal of Document # 1210433132 filed on 04/13/2012 P.I.N. 16-16-115-078-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000861004

CASE NAME: LUELLA GORDON

COUNTY OF RESIDENCE: 200

from 06/17/2005 through 08/27/2005; inclusive, in the aggregate amount of \$3,217.61.

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 \$3,217.61 the said amount being now due and owing to the claimant.

THAT said \$3,217.61, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

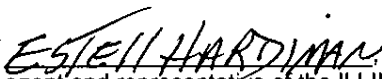
ILLINOIS DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES  
Claimant

By   
Authorized Representative

STATE OF ILLINOIS

} 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

 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

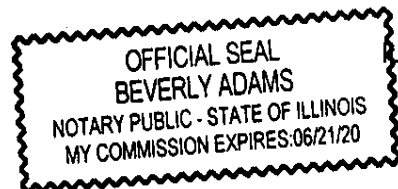
Subscribed and sworn to before me this

2 day of FEBRUARY, A.D., 2017

My commission expires 6-21-20

HFS 289 (R-4-99)

Box 348



478-2317