

UNOFFICIAL COPY

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



Doc# 1704704122 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: 02/16/2017 12:21 PM 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:

Lot Eleven (11) (except the West Ten (10) feet thereof and except the East Ten (10) feet thereof) in Block Ten (10) in the Subdivision of part of the South Half (1/2) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section 4, Township 39 North, Range 13, East of the Third Principal Meridian, as plat recorded July 11, 1890 as Document No. 1301230 in Book 47 of Plats, page 13, in Cook County, Illinois. Commonly known as: 5453 W. Cortez, Chicago, Illinois 60651

Renewal of Document # 0716641087, filed on 06/15/2007, Renewal of Document # 1210433136 filed on 04/13/2012 P.I.N. 16-04-311-006-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-237-000838487

CASE NAME: EDMUND KENNEDY

COUNTY OF RESIDENCE: 237

from 12/01/2005 through 11/28/2006; inclusive, in the aggregate amount of \$2,869.39.

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 \$2,869.39, the said amount being now due and owing to the claimant.

THAT said \$2,869.39, 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)

