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



Doc# 1704704123 Fee \$40.00

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 02/16/2017 12:21 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:

Lot Twelve (except the North eighteen (18)) and One Half (1/2) feet thereof) Lot Thirteen (13) The North two (2) and one half (1/2) feet of Lot Fourteen in Block Two (2) in East Washington Heights, being a Subdivision of the West Half (1/2) of the Northwest Quarter (1/4) and the Southwest Quarter (1/4) of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Commonly known as: 9530 S. Lowe Ave, Chicago, Illinois 60628-1030

Renewal of Document # 0716641088, filed on 06/15/2007
Renewal of Document # 1210433138 filed on 04/13/2012 P.I.N. 25-09-102-074-0000

THAT the assistance as checked above was awarded to: **CASE ID#: 91-236-000803804**
CASE NAME: VIRGINIA MUSE **COUNTY OF RESIDENCE: 236**
from 01/31/2003 through 02/19/2007; inclusive, in the aggregate amount of \$62,234.44.

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 \$62,234.44, the said amount being now due and owing to the claimant.


THAT said \$62,234.44, 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
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529
 } 401 S. Clinton - 5th Floor
 } Chicago, IL 60607-3800

ESTELLE 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.


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)

