

# UNOFFICIAL COPY



\*1708142068\*

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

Doc# 1708142068 Fee \$40.00

KAREN A. YARBROUGH

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

COOK COUNTY RECORDER OF DEEDS

DATE: 03/22/2017 11:54 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:

Lot 35 and the East half of Lot 34 in the Resubdivision of Lots 28 to 36 inclusive in Block 3 in the Subdivision of Lot 4 in the Subdivision of Lot 3 in the Assessor's Division of the West half of the Northwest quarter of Section 22, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 8 East 114th Place, Chicago, Illinois 60628-4924

Renewal of Document # 0720626061, filed on 07/25/2007  
Renewal of Document # 1213612171 filed on 05/15/2012  
P.I.N. 25-22-111-010-0000

THAT the assistance as checked above was awarded to:

CASE ID#: **91-236-000804054**

CASE NAME: **GENOLA WILLIAMS**

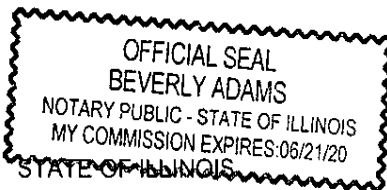
COUNTY OF RESIDENCE: **236**

from 06/14/2004 through 06/12/2006; inclusive, in the aggregate amount of \$925.19.

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 \$925.19, the said amount being now due and owing to the claimant.

THAT said \$925.19, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.



COUNTY OF COOK

Healthcare and Family Services  
} Collections/Technical Recovery  
} Prepared by/Contact/Return to: 312-793-3529  
} 401 S. Clinton - 5th Floor  
} Chicago, IL 60607-3800

ILLINOIS DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES  
Claimant

By [Signature]  
Authorized Representative

ESTEL HARDMAN 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  
17 day of March, A.D., 2017.  
My commission expires 6-21-20.