

# UNOFFICIAL COPY

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



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

Doc# 1711042041 Fee \$40.00

FOR: [X] MEDICAL ASSISTANCE  
      [ ] BLIND ASSISTANCE  
      [ ] AGED ASSISTANCE  
      [ ] DISABILITY ASSISTANCE

KAREN A. YARBROUGH  
COOK COUNTY RECORDER OF DEEDS  
DATE: 04/20/2017 11:24 AM PG: 1 OF 1

NOTICE IS HEREBY GIVEN:

That the Illinois Department of Healthcare and Family Services asserts a claim upon the premises legally described as:

Lot 13 in McKay's Garfield Boulevard Addition, being a Subdivision of Block 21 in N.P. Clehants Subdivision of the Southwest 1/4 of Section 7, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 5338 S. Seeley Ave., Chicago, Illinois 60609  
P.I.N. 20-07-316-014-0000

THAT the assistance as checked above was awarded to:

CASE ID#: **91-203-000G15054**

CASE NAME: **MATTIE B. JACKSON**

COUNTY OF RESIDENCE: **200**

from 12/01/2008 through 01/23/2017; inclusive, in the aggregate amount of \$9,694.90.

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 \$9,694.90, the said amount being now due and owing to the claimant.

THAT said \$9,694.90, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.

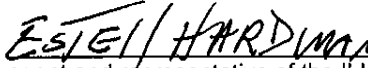
ILLINOIS DEPARTMENT OF  
HEALTHCARE AND FAMILY SERVICES  
Claimant

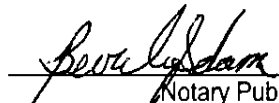
By   
Authorized Representative

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  
30 day of MARCH, A.D., 2017.  
My commission expires 6.21.20

HFS 289 (R-4-99)

Box 348

