

UNOFFICIAL COPY

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



1711042045

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

Doc# 1711042045 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 11:27 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 3 in Block 1 in Cooper's Hazel Crest Manor being a Subdivision of the East 443 feet of the Northeast 1/4 of the Northeast 1/4 of Section 25, Township 36 North, Range 13, East of the Third Principal Meridian, lying South of the Indian Boundary line in Cook County, Illinois. Commonly known as: 2406 Crescent Drive, Hazel Crest, Illinois 60429
P.I.N. 28-25-208-006-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-226-000765257

CASE NAME: JENNIE POLLARD

COUNTY OF RESIDENCE: 200


from 01/25/2005 through 02/08/2017; inclusive, in the aggregate amount of \$36,080.14.

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 \$36,080.14, the said amount being now due and owing to the claimant.

THAT said \$36,080.14, 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

ESTELL HARTMAN, 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
13 day of April, A.D., 2017.
My commission expires 6-21-20.

HFS 289 (R-4-99)

