

# UNOFFICIAL COPY



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

Doc# 1711042048 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/20/2017 11:29 AM 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 3 in Mathiegeen and Hope's Resubdivision of Lots 8, 9, 10 and 11 (except the South 4 feet thereof) in Block 1 of J.M. Dunham's Subdivision of Block 1 and 2 of Hardings Subdivision of the West 1/2 of the Northeast 1/4 of Section 11, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 734 Homan Ave., Chicago, Illinois 60624

P.I.N. 16-11-203-025-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-237-000849608

CASE NAME: MARY SERCYE

COUNTY OF RESIDENCE: 200

from 03/08/2012 through 01/19/2017; inclusive, in the aggregate amount of \$57,055.70.

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 \$57,055.70, the said amount being now due and owing to the claimant.

THAT said \$57,055.70, 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 Estell Hardiman  
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

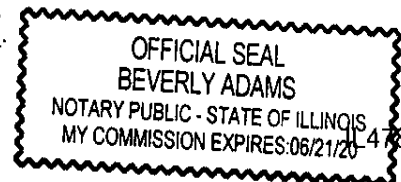
ESTELL HARDIMAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof, and believes the same to be true.

Beverly Adams  
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)