

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# 1711042049 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 11:29 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:

The South 18.33 feet of the North 49.50 feet of Lot 19, in Dreyfus and Robbins Resubdivision of Lots 1 to 16, both inclusive, in Jackson-Laramie Garden Homes, being a Resubdivision of Block 15 in Community Resubdivision of certain Lots and parts of Lots in School Trustee's Subdivision of the North Part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 336 S. Lavergne Ave., Chicago, Illinois 60644
P.I.N. 16-16-214-199-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-237-000FC2859

CASE NAME: EARNESTINE TAYLOR

COUNTY OF RESIDENCE: 200

from 07/14/2004 through 11/24/2016; inclusive, in the aggregate amount of \$19,425.99.

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 \$19,425.99, the said amount being now due and owing to the claimant.

THAT said \$19,425.99, 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 [Signature]
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.

Bessie R Manuel
Notary Public

Subscribed and sworn to before me this
18th day of APRIL, A.D., 2017.
My commission expires 01/05/21

HFS 289 (R-4-99)

IL478-2317

Box 348

