

# 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# 1711042050 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 11:31 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 33 in Block 92 in a Subdivision of the Original Town of Chicago Heights, in Section 20 and 21, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1630 fifth Ave., Chicago Heights, Illinois 60411  
P.I.N. 32-21-415-031-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000FD2385

CASE NAME: GEORGE WILLIS

COUNTY OF RESIDENCE: 200

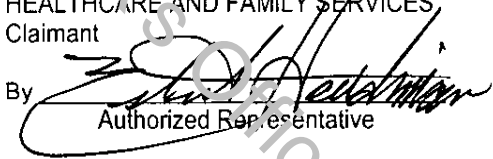
from 03/16/2015 through 02/08/2017; inclusive, in the aggregate amount of \$9,326.37.

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 \$9,326.37, the said amount being now due and owing to the claimant.

THAT said \$9,326.37, 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

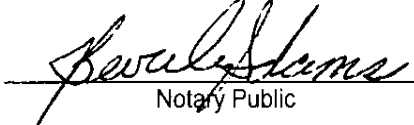
By   
Authorized Representative

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

ESTELLE 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.

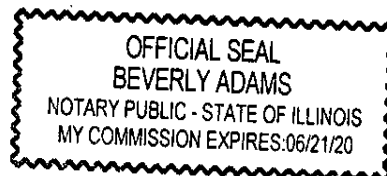
  
Notary Public

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)



IL478-2317