

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# 1711042051 Fee \$40.00

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 04/20/2017 11:32 AM PG: 1 OF 1

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 2 in the Subdivision of the East 2-1/2 feet of Lot 36 and all of Lots 37, 38, 39 and 40, in Block 2 in Gunn's Subdivision of the West 1/2 of the Southwest 1/4 of the Northeast 1/4 of Section 34, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 4323 W. Shakespeare Ave., Chicago, Illinois 60639
P.I.N. 13-34-218-015-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-231-000FG6708

CASE NAME: ANNE WITTIG

COUNTY OF RESIDENCE: 200

from 02/01/2014 through 02/04/2017; inclusive, in the aggregate amount of \$21,345.29.

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 \$21,345.29, the said amount being now due and owing to the claimant.

THAT said \$21,345.29, 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

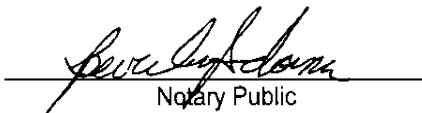
By 
Authorized Representative

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 HARDMAN 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)

Box 348

