

UNOFFICIAL COPY

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



Doc# 1801704062 Fee \$40.00

Notice Of Claim Upon Real Estate

KAREN A. YARBROUGH

By Virtue of [] 305 ILCS 5/3-9

COOK COUNTY RECORDER OF DEEDS

[X] 305 ILCS 5/5-13

DATE: 01/17/2018 11:26 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 90 in Frank Delugach's Princeton Park Addition being a Resubdivision in the Southeast 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 351 W. 102nd Street, Chicago, Illinois 60628-1914

Renewal of Document #0813733108, filed on 05/16//2008, Document # 1307426120 filed on 03/15/2013
P.I.N. 25-09-424-002-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-236-000550924

CASE NAME: NELLIE M BROWN

COUNTY OF RESIDENCE: 236

from 02/01/1991 through 05/23/2006; inclusive, in the aggregate amount of \$63,900.49.

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 \$63,900.49, the said amount being now due and owing to the claimant.

THAT said \$63,900.49, 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

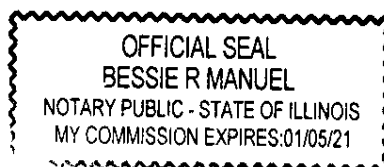
ESTELL HARDIMAN, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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

Bessie R Manuel
Notary Public

Subscribed and sworn to before me this
9th day of JANUARY, A.D., 2018
My commission expires 01/05/21

HFS 289 (R-4-99)

Box 348



IL478-2317