

UNOFFICIAL COPY

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



Doc# 1801704063 Fee \$40.00

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 01/17/2018 11:26 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 26 in Block 1 in J.H. Clough's Subdivision of the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of the Northeast Quarter (NE 1/4) of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7429 S. May Street, Chicago, Illinois 60621-1038

Renewal of Documents #081212608, filed on 04/30/2008, Document # 1304633090 filed on 02/15/2013
P.I.N. 20-29-225-013-0000

THAT the assistance as checked above was awarded to: **CASE ID#: 93-205-000330037**
CASE NAME: DELORES CHATMAN **COUNTY OF RESIDENCE: 205**

from 09/29/1992 through 08/08/2007; inclusive, in the aggregate amount of \$69,864.30.

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 \$69,864.30, the said amount being now due and owing to the claimant.

THAT said \$69,864.30, 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
COUNTY OF COOK

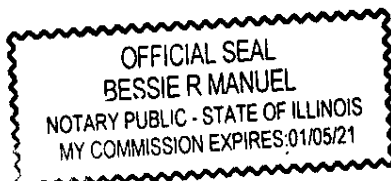
Healthcare and Family Services
} Collections/Technical Recovery
} Prepared by/Contact/Return to: 312-793-3529
} 401 S. Clinton - 5th Floor
} Chicago, IL 60607-3800

ESTELL HORDIMAN, 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
13th day of DECEMBER, A.D., 2017
My commission expires 01/05/21

HFS 289 (R-4-99)



IL478-2317

Box 348