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

Doc# 1801704064 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/17/2018 11:29 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 13 (except the East 15 feet thereof) and the East 23 feet of Lot 14 in Block 6 in Manchester Land and Investment Co.'s Subdivision of Blocks 1, 4 and 6 in G. G. Street's Subdivision of the West 1/2 of the Southeast 1/4 of Section 17, and of the North 1/2 of the Northwest 1/4 of Section 20, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 1033 W. 108th Street, Chicago, Illinois 60643

Renewal of Document # 1307426112 filed on 03/15/2013
P.I.N. 25-17-405-072-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000843510

CASE NAME: GLENNIE JALIVAY

COUNTY OF RESIDENCE: 200

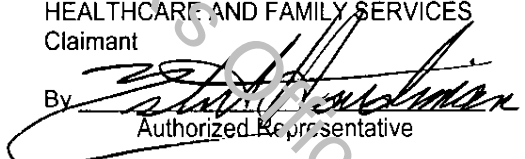
from 11/01/2009 through 06/29/2011; inclusive, in the aggregate amount of \$33,249.61.

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 \$33,249.61, the said amount being now due and owing to the claimant.

THAT said \$33,249.61, 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

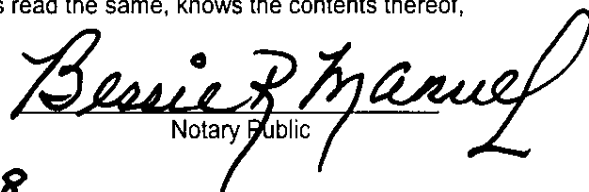
By 
Authorized Representative

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

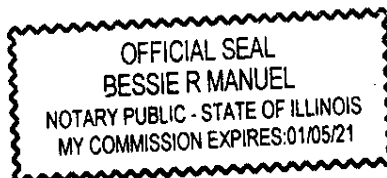
Subscribed and sworn to before me this

9th day of JANUARY, A.D., 2018

My commission expires 1/5/21

HFS 289 (R-4-99)

Box 348



IL478-2317