

# UNOFFICIAL COPY

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



Doc# 1801704065 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:

The North 1/2 of Lot 27 and all of Lot 28 in Block 2 in F. G. Anderson's Addition to Chicago, being a Subdivision of the Southeast 1/4 of the Southwest 1/4 of the Northeast 1/4 of Section 14, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.  
Commonly known as: 4421 N. St. Louis, Chicago, Illinois 60625

Renewal of Document # 1304633059 filed on 02/15/2013  
P.I.N. 13-14-223-013-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000952684

CASE NAME: BARBARA KETTERHAGEN

COUNTY OF RESIDENCE: 200

from 02/24/2010 through 08/05/2012; inclusive, in the aggregate amount of \$93,636.25.

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 \$93,636.25, the said amount being now due and owing to the claimant.

THAT said \$93,636.25, 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 Hartman*  
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

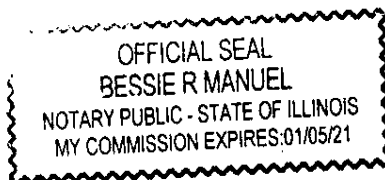
*ESTELL HARTMAN*, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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

*Bessie R Manuel*  
Notary Public

Subscribed and sworn to before me this  
13<sup>th</sup> day of DECEMBER, A.D., 2017  
My commission expires 01/05/21

HFS 289 (R-4-99)

IL478-2317



Box 348