


# UNOFFICIAL COPY

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



Doc# 1801704068 Fee \$40.00  
KAREN A. YARBROUGH  
COOK COUNTY RECORDER OF DEEDS  
DATE: 01/17/2018 11:32 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 25 in Block 4 in Forest Manor, a Subdivision of the South 40 acres of the East half of the Southeast fractional 1/4 South of the Indian Boundary Line of Section 6, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 14240 S. Marshfield Ave., Dixmoor, Illinois 60426-1176

Renewal of Document #0813733111, filed on 05/16//2008  
P.I.N. 29-06-427-026-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-226-000776941

CASE NAME: IRENE RILEY

COUNTY OF RESIDENCE: 226


from 06/01/2002 through 12/07/2007; inclusive, in the aggregate amount of \$8,433.10.

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 \$8,433.10 the said amount being now due and owing to the claimant.

THAT said \$8,433.10, 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

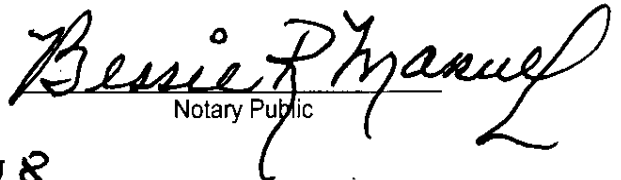
By   
Authorized Representative

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

ESTEL 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

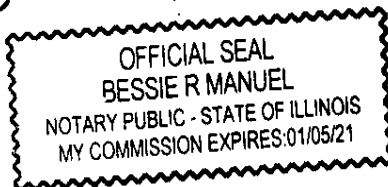
Subscribed and sworn to before me this

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

My commission expires 01/05/21

HFS 289 (R-4-99)

Box 348



IL478-2317