

UNOFFICIAL COPY

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



Doc# 1801704033 Fee \$40.00

Notice Of Claim Upon Real Estate
By Virtue of [] 305 ILCS 5/3-9
 [X] 305 ILCS 5/5-13

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 01/17/2018 11:18 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 14 in Block 8 in Calumet Park Third Addition, being a Subdivision of part of the Southwest 1/4 of Section 2, Township 36 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof recorded August 7, 1925 as Document 8999107, in Cook County, Illinois. Commonly known as: 14224 Minerva Ave., Dolton, Illinois 60419
P.I.N. 29-02-305-026-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-226-000B17619

CASE NAME: DARLENE BAILY

COUNTY OF RESIDENCE: 200


from 04/23/2014 through 06/29/2017; inclusive, in the aggregate amount of \$5,432.11.

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 \$5,432.11, the said amount being now due and owing to the claimant.

THAT said \$5,432.11, 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

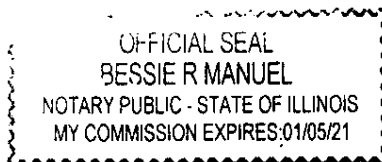
ESTELL HARDIMAN being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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


Notary Public

Subscribed and sworn to before me this
12th day of DECEMBER, A.D., 2017
My commission expires 01/05/21

HFS 289 (R-4-99)

Box 348



IL478-2317