

# UNOFFICIAL COPY

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



Doc# 1801704036 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 19 and the South 1 foot of Lot 18 in Pon's Resubdivision of Lots 1 and 2 and the North 25 feet of Lot 3 (except the West 125 feet thereof) of Lot 4 and Lot 5 in Block 1 in Kensington Heigts, a Subdivision of Blocks 21 and 22 of the First Addition to Kingsinton in Section 22, 27 and 28, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 12305 S State Street, Chicago, Illinois 60628 P.I.N. 25-27-131-045-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-236-000FB3074

CASE NAME: DELORISE FLOWERS

COUNTY OF RESIDENCE: 200

from 10/07/2014 through 09/19/2017; inclusive, in the aggregate amount of \$49,163.82.

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 \$49,163.82, the said amount being now due and owing to the claimant.

THAT said \$49,163.82, 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 Hardman*  
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

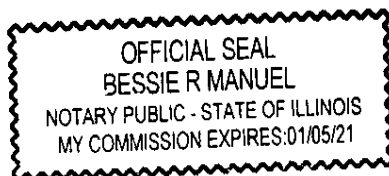
ESTELL HARDMAN being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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

*Bessie R. Manuel*  
Notary Public

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

HFS 289 (R-4-99)

Box 348



IL478-2317