


# UNOFFICIAL COPY

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



\*1801704038\*

Doc# 1801704038 Fee \$40.00

KAREN A. YARBROUGH  
COOK COUNTY RECORDER OF DEEDS  
DATE: 01/17/2018 11:18 AM PG: 1 OF 1

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

FOR:  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 399 in Elmore's Parkside Gardens 1st Addition being a Subdivision in North 1/2 of Section 32, Township 38 North, Range 13, East of the Third Principal Meridian, as Plat recorded December 22, 1925 as Document Number 9131884 in Cook County, Illinois. Commonly known as: 8124 S. Mayfield Ave., Burbank, Illinois 60459 P.I.N. 19-32-219-018-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 93-200-000FC3846

CASE NAME: PAMELA STAMATAKOS

COUNTY OF RESIDENCE: 200

from 07/23/2016 through 08/21/2017; inclusive, in the aggregate amount of \$5,484.88.

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 \$5,484.88, the said amount being now due and owing to the claimant.

THAT said \$5,484.88, 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

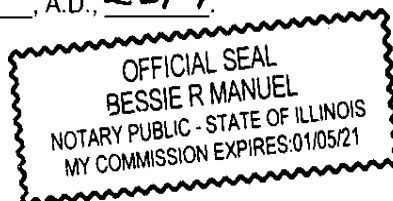
Healthcare and Family Services  
} Collections/Technical Recovery  
} Prepared by/Contact/Return to: 312-793-3529  
} 401 S. Clinton - 5th Floor  
} Chicago, IL 60607-3800

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  
12th day of DECEMBER, A.D., 2017  
My commission expires 01/05/21



HFS 289 (R-4-99)

Box 348

IL478-2317