

# UNOFFICIAL COPY

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



Doc# 1817110044 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: 06/20/2018 11:39 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 58 and 59 in Block 1, in Pass' second addition to Pullman, as per Plat recorded October 29, 1892 in Book 58 of Plats, page 5, as Document 1759241, Section 10, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 41 E. 100th Street, Chicago, Illinois 60628

Renewal of Document #1325601036, file on 09/13/2013  
P.I.N. 25-10-308-020-0000, P.I.N. 25-10-308-021-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-236-000842083

CASE NAME: MALISSIA LIGHTNING

COUNTY OF RESIDENCE: 200

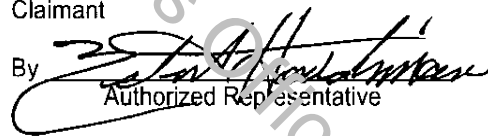
from 05/01/2005 through 08/31/2012; inclusive, in the aggregate amount of \$109,981.52.

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 \$109,981.52, the said amount being now due and owing to the claimant.

THAT said \$109,981.52, 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

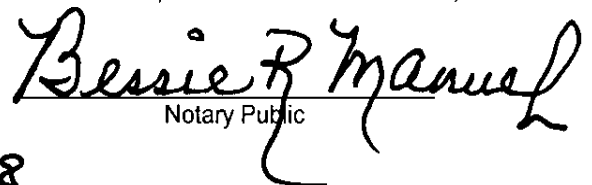
By   
Authorized Representative

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  
31st day of May, A.D., 2018.  
My commission expires 01/05/21

HFS 289 (R-4-99)

IL478-2317

Box 348

