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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/26/2018 12:06 PM 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 49 in Givin's and Gilbert's Subdivision of the South 15 acres of the East 1/2 of the East 1/2 of the Southwest 1/4 of Section 14, Township 39 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof recorded April 8, 1968, in Cook County, Illinois. Commonly known as: 3659 W. Grenshaw, Chicago, Illinois 60624

Renewal of Document # 1328833044 filed on 10/15/2013

P.I.N. 16-14-328-018-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 93-237-000115317

CASE NAME: BRENDA KIRKLAND

COUNTY OF RESIDENCE: 200

from 01/23/2013 through 07/20/2013; inclusive, in the aggregate amount of \$23,434.85.

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 \$23,434.85, the said amount being now due and owing to the claimant.

THAT said \$23,434.85, 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

*[Signature]*  
Authorized Representative

STATE OF ILLINOIS

COUNTY OF COOK

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

Brenda Kirkland, 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.

*[Signature]*  
Notary Public

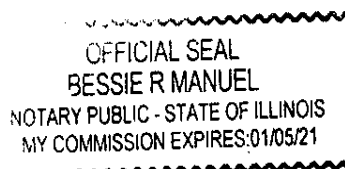
Subscribed and sworn to before me this

28th day of JULY, A.D., 2018

My commission expires 01/05/21

HFS 289 (R-4-99)

Box 348



IL478-2317