

UNOFFICIAL COPY

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



Doc# 1904506008 Fee \$40.00

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

EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 02/14/2019 09:48 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 54 and the East 1/2 of Lot 53 in Wilson P. Conover's Subdivision of the South 1/2 of Block 9 and all of Block 16 (Except the South 132 Feet of the West 110 Feet of the North 1/2 of said Block 16) in James Webb's Subdivision of the SouthEast 1/4 of Section 14, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Commonly Known as: 3247 W. 62nd St Chicago, Illinois 60629 P.I.N. 19-14-427-004-0000

THAT the assistance as checked above was awarded to:

CASE ID#: 91-208-804744308

CASE NAME: MARIA JUAN

COUNTY OF RESIDENCE: 208

from 07/01/2000 through 09/21/2018; inclusive, in the aggregate amount of \$32,008.31.

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 \$32,008.31, the said amount being now due and owing to the claimant.

THAT said \$32,008.31, 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

} 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

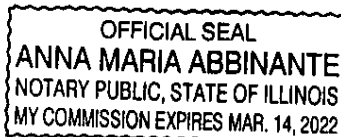
JOANNA SZUBA, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, that he has read the same, knows the contents thereof,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

[Signature]
Notary Public

Subscribed and sworn to before me this
14th day of February, A.D., 2019.
My commission expires 3/14/22

HFS 289 (R-4-99)

Box 348



IL478-23

[Signature]