UNOFFICIAL COPY

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STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICE	} :s }	
County of Cook	·	•1410155114*
Notice Of Claim Upon Real Estate		Doc# 1910122117 Fee \$40.00
By Virtue of [] 305 ILCS 5/3-9	,	EDWARD M. MOODY
[X] 305 ILCS 5/5-13	r . I	COOK COUNTY RECORDER OF DEEDS
FOR: [X] MEDICAL ASSISTANCE	i	DATE: 04/11/2019 11:49 AM PG: 1 OF 1
[] BLIND ASSISTANCE		PHIL: 04711/2019 11:49 HR PG: 1 OF 1
[]AGED ASSISTANCE)))	
[] DISABILITY ASSISTANCE	•	
NOTICE IS HEREBY GIVEN:		
T		de la latar como de la constitución de la collection de l
That the Illinois Deportment of Healthcare and Family Services asserts a claim upon the premises legally described as:		
The North 1/2 of Lot 28 and All of Lot 29 in Block 23 in Englefield being a Subdivision of the Southeast 1/4/ of		
Section 30, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Commonly		
Known As: 7730 S Honore Street, Chicago, Illinois 60620		
P.I.N. 20-30-423-011-0000	C	
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	0/	
THAT the assistance as checked above	was awarda i io:	CASE ID#: 91-200-904815149
CASE NAME: <u>ELIZABETH LEWIS</u>		COUNTY OF RESIDENCE: 200
from 11/01/2016 through 10/25/2018; inclusive, in the aggregate amount of \$95,628.26.		
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.		
• • • • • • • • • • • • • • • • • • • •		16 the said amount being pay due and outing
THAT the amount claimant demands for said Assistance is \$95,628.26, the said amount being now due and owing to the claimant.		
THAT said \$95,628.26, is hereby asserted by the ILLINOIS DEPARTMENT OF MEALTHCARE AND FAMILY		
SERVICES as a claim upon the describe	ed real estate.	0
	•	ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
·		Claimant
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		Authorized Regionalize
STATE OF ILLINOIS	Healthcare and Family Services Collections/Technical Recovery	Authorized (c) to childre
•	Prepared by/Contact/Return to: 401 S. Clinton - 5th Floor	312-793-3529
COUNTY OF COOK) Chicago, IL 60607-3800	
TOANNA SZUBA holi		
agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for		
		read the same, knows the contents thereof,
and believes the same to be true.	• •	
		Auftaria Wharato
		Notary Public
Subscribed and sworn to before me thi	S and	Y
5th day of World	, A.D., <u>201</u>	<u>1</u>
My commission expires 3/14/22		
HFS 289 (R-4-99)	Box 348	OFFICIAL SEAL IL478-2317

ANNA MARIA ABBINANTE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES MAR. 14, 2022