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

Doc# 1919245032 Fee \$38.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/11/2019 11:04 AM 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:

The South 1/2 of Lot 7 in Block 3 in Schorling's Subdivision of that part of Lot 1 in the Assessor's Division of Section 33, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 7919 South Parnell, Chicago, Illinois 60620.

Renewal of Document #00077989 filed on 01/31/2000
Renewal of Document # 0432114294, filed on 11/16/2004
Renewal of Document # 0925841060, filed on 09/15//2009
Renewal of Document # 1422612183, Filed 03/14/2014
P.I.N. 20-33-105-008-0000.

THAT the assistance as checked above was awarded to:

CASE ID#: 93-232-000706456

CASE NAME: MARJORIE WALKER

COUNTY OF RESIDENCE: 232

from 10/08/1992 through 07/26/1997; inclusive, in the aggregate amount of \$218,922.20.

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 \$218,922.20, the said amount being now due and owing to the claimant.

THAT said \$218,922.20, 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
COUNTY OF COOK } Prepared by/Contact/Return to: 312-793-3529
 } 401 S. Clinton - 5th Floor
 } Chicago, IL 60607-3800

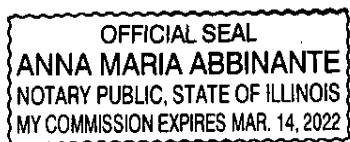
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JOANNA SZUBA, being first duly sworn upon oath, deposes and says that they are an authorized agent and representative of the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for the County of Cook, and claimant in the foregoing claim, 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
10th day of July, A.D., 2019
My commission expires 3/14/2022

HFS 289 (R-4-99)



Box 348

IL478-2317