UNOFFICIAL COPY

		2185717156
STATE OF ILLINOIS DEPARTMENT OF	}	Doc# 2105717156 Fee ≇88.00
HEALTHCARE AND FAMILY SERVICE	(S.)	KAREN A. YARBROUGH
County of Cook	}	COOK COUNTY CLERK
Notice Of Claim Upon Real Estate		DATE: 02/26/2021 02:39 PM PG: 1 01
By Virtue of [] 305 ILCS 5/3-9		PG: 1 0)
[X] 305 ILCS 5/5-13		
FOR: [X] MEDICAL ASSISTANCE		
[] BLIND ASSISTANCE		
[] AGED ASSISTANCE		
[] DISABILITY ASSISTANCE		
NOTICE IS HEREBY GIVEN:		
1 9 8	re and Family Services asserts a c	claim upon the premises legally described
as:		
Lot 3 in Resubdivision of Lot 13, 14, 15. Block 2 in the Resubdivision of the East		cept the vivest 55 feet of said Lots) in in 21, Township 38 North, Range 14, East
of the Third Principal Meridian, in Cook		
Illinois 60621 P.I.N. 20-21-415-017-0000		
1 1.14. 20-21-413-017-0000		
	0	
THAT the assistance as checked above	was awarued to:	CASE ID#: 91-202-000FE0955
CASE NAME: MANSFIELD PERKINS	' (COUNTY OF RESIDENCE: 200
from 09/01/2005 through 12/17/2015; in	clusive, in the aggrega e amount o	of \$1,606.33.
THAT no part of said Assistance has be legatees, or by any other person(s) on b		by the recipient, their heirs, devisees,
THAT the amount claimant demands for to the claimant.	said Assistance is \$1,606.33, the	said amount being now due and owing
THAT said \$1,606.33, is hereby asserte SERVICES as a claim upon the describ-		OF HEALTHCARE AND FAMILY
		ILLINOIS OF PARTMENT OF
		HEALTHCARE AND FAMILY SERVICES Claimant
	·	SI GILL
	1	By Authorzed Ren es antative
STATE OF ILLINOIS	Healthcare and Family Services Collections/Technical Recovery	Transonzed Nepressinative
00111171/05/0001/	Prepared by/Contact/Return to: 312-79 401 S. Clinton - 5th Floor	93-3529
COUNTY OF COOK) Chicago, IL 60607-3800	C
LACLE D MATTHEWS hei	no first duly sworn upon oath, dep	oses and says that they are an authorized
agent and representative of the ILLINOI	S DEPARTMENT OF HEALTHCA	RE AND FAMILY SERVICES, in and for
the County of Cook, and claimant in the and believes the same to be true.		
and believes the same to be true.		Law: 8 Ma Hhero Notary Public
	\mathcal{O}_{-}	Notary Public
Subscribed and sworn to before me thi	is , A.D., 2621 .	
My commission expires \$\frac{12\pi^2}{2}.	, A.D., <u>/ 40 '</u> .	
HFS 289 (R-4-99)	****	Official Seal IL 478-2317

Lacle D Matthews Notary Public State of Illinois My Commission Expires 08/30/2023

BOX 348