## **UNOFFICIAL COPY**

STATE OF ILLINOIS	1		
DEPARTMENT OF	}	*210571715 - Dec# 0105313450 F	9* +00 00
HEALTHCARE AND FAMILY SERVICES County of Cook	5 } }	Doc# 2105717159 F	ee \$88.⊌Ø
Notice Of Claim Upon Real Estate		KAREN A. YARBROUGH	
By Virtue of [ ] 305 ILCS 5/3-9		COOK COUNTY CLERK	
[X] 305 ILCS 5/5-13		DATE: 02/26/2021 02:39	PM PG: 1 OF 1
FOR: [X] MEDICAL ASSISTANCE [ ] BLIND ASSISTANCE [ ] AGED ASSISTANCE [ ] DISABILITY ASSISTANCE		* <u></u>	
NOTICE IS HEP. BY GIVEN:			
That the Illinois Deport in ent of Healthcare and Family Services asserts a claim upon the premises legally described as:			
Unit number (S) 7525-1 in Adrns Street Condominium, as delineated on a Plat of survey of the following described Tract of land: in Subdivision of Section 13, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, which Plat of survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 88467143; loopther with its undivided percentage interest in the common elements. Commonly known as: 7525 W. Adams Street #1E, Forest Park, Illinois 60130 P.I.N. 15-13-200-028-1001			
	0/		
THAT the assistance as checked above	was awarue i to:	CASE ID#:	
CASE NAME: ROBERT FLANAGAN COUNTY OF RESIDENCE: 200			
from 06/17/2014 through 10/08/2015; inclusive, in the aggrega e amount of \$1,121.68.  THAT no part of said Assistance has been repaid to the Claiment, 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 \$1,121.65, the said amount being now due and owing to the claimant.			
THAT said \$1,121.68, is hereby asserted by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES as a claim upon the described real estate.			
ILLINOIS DEPARTMENT OF			
		HEALTHCAF.E AND	FAMILY SERVICES
		Claimant By	Brante
STATE OF ILLINOIS	Healthcare and Family Services Collections/Technical Recovery		Representative
COUNTY OF COOK	Prepared by/Contact/Return to: 401 S. Clinton - 5th Floor		Co
La D Martine	) Chicago, IL 60607-3800		
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.	oregoing claim, that he ha	Lavi & Ma	
		Notary Pu	
Subscribed and sworn to before me this	9_1	•	
My commission expires 12.	, A.D., <b>202</b>	<u>"                                     </u>	
HFS 289 (R-4-99)	2 Notan	Official Seal acie D Matthews Public State of Illinois nission Expires 08/30/2023	IL478-2317

Box 348