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·	*212020\$105*
STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES	Doc# 2120208105 Fee \$38.00
County of Cook	KAREN A. YARBROUGH
Notice Of Claim Upon Real Estate	COOK COUNTY CLERK
By Virtue of [] 305 ILCS 5/3-9	DATE: 07/21/2021 03:01 PM PG: 1 OF
[X] 305 ILCS 5/5-13	
FOR: [X] MEDICAL ASSISTANCE [] BLIND ASSISTANCE [] AGED ASSISTANCE [] DISABILITY ASSISTANCE	
NOTICE IS HEXEBY GIVEN:	•
as: The North 1/2 of Lot 16 in Block 7 in Beck Township 38 North, Range 14 East of the 7041 S Normal Blvd., Chicago, Illinois 60	
Renewal of Document # 1125840139 file P.I.N. 20-21-327-013-0000	dog 09/15/2011
7 mm. 20 27 027 010 0000	
THAT the assistance as checked above w CASE NAME: MAE WILLIAMS	vas awarded to: CASE ID#: 91-212-00085601: COUNTY OF RESIDENCE: 200
	usive, in the aggragate amount of \$22,905.74. In repaid to the Claimant, either by the recipient, their heirs, devisees, shalf of the estate.
THAT the amount claimant demands for s to the claimant.	aid Assistance is \$22,905.74 the said amount being now due and owing
THAT said \$22,905.74, is hereby asserted SERVICES as a claim upon the described	t by the ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY I real estate.
Official Seal Lacle D Matthews Notary Public State of Illinois My Commission Expires 08/30/2023	ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES Claimant By Authorized Representative
STATE OF ILLINOIS	Healthcare and Family Services Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529
COUNTY OF COOK	401 S. Clinton - 5th Floor Chicago, IL 60607-3800
agent and representative of the ILLINOIS	g first duly sworn upon oath, deposes and says that they are an authorized DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, in and for pregoing claim, that he has read the same, knows the contents thereof, Jacci D. Malhers
	Notary Public
Subscribed and sworp to before me this day of My commission expires \$13023.	, A.D., 204
My Commission expires 31100.	

HFS 289 (R-4-99) IL478-2317