

# UNOFFICIAL COPY



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

Doc# 2123804060 Fee \$38.00

KAREN A. YARBROUGH  
COOK COUNTY CLERK

DATE: 08/26/2021 02:20 PM 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:

Unit Number 7 in Building 4406 in West 55th Street Condominium, as delineated on a Plat of survey of the following described tract of land: Lots 16, 17, 18, 19, 20, 21, 22 and 23 in Block 8 in Archer Highlands addition, being a H. H. Wessel and Company's Subdivision of the West 1/2 of the West 1/2 of the Northeast 1/4 of Section 10, also the East 1/4 (except Railroad right of ways) of East 1/2 of the Southwest 1/4 of Section 10 all in Township 38 North, Range 13, East of the Third Principal Meridian, which Plat of survey is attached as exhibit "A" to the Declaration of Condominium recorded April 13, 2007 as Document Number 0710615064; together with its undivided percentage interest in the common elements, in Cook County, Illinois. Commonly known as: 4406 W. 55th Street, Unit 7, Chicago, Illinois 60632 P.I.N. 19-10-326-056-1015

THAT the assistance as checked above was awarded to:

CASE ID#: 91-200-000725313

CASE NAME: TEODORO FIGUEROA

COUNTY OF RESIDENCE: 200

from 06/01/2004 through 11/29/2015; inclusive, in the aggregate amount of \$245,569.27.

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 \$245,569.27, the said amount being now due and owing to the claimant.

THAT said \$245,569.27, 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

Lacie D. Matthews, 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  
20th day of August, A.D., 2021  
My commission expires 8/30/23.