UNOFFICIAL COPY

Doc# 2226208006 Fee \$38.00 STATE OF ILLINOIS **DEPARTMENT OF** KAREN A. YARBROUGH **HEALTHCARE AND FAMILY SERVICES** COOK COUNTY CLERK County of Cook DATE: 09/19/2022 09:55 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 Depretment of Healthcare and Family Services asserts a claim upon the premises legally described Lot 30 in Block 5 in South Lynne, a Subdivision of the North 1/2 of Section 19, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois. Commonly known as: 6350 S. Woodsd Street, Chicago, Illinois 60636 Renewal of Document # 1301633091 fied on 01/16/2013 P.I.N. 20-19-203-037-0000 THAT the assistance as checked above was awarded to: CASE ID#: 91-203-000865539 CASE NAME: OSCAR WOODS COUNTY OF RESIDENCE: 200 from 07/16/2012 through 10/29/2012; inclusive, in the aggregate amount of \$430.10. THAT no part of said Assistance has been repaid to the Claimand, 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 \$430.10.11/ic said amount being now due and owing to the claimant. THAT said \$430.10, 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 Authorized Representative Healthcare and Family Services STATE OF ILLINOIS Collections/Technical Recovery Prepared by/Contact/Return to: 312-793-3529 401 S. Clinton - 5th Floor COUNTY OF COOK 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. Subscribed and sworn to before me this 15# day of My commission expires

HFS 289 (R-4-99)

OFFICIAL SEAL
ANNA MARIA ABBINANTE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/14/2026

IL478-2317