

October 06, 2022

ABC Nursing Home
12354 Main Street
Wheaton, IL 601871234

RE: Your resident,

To Whom This May Concern:

Enclosed please find a Small Estate Affidavit (SEA) executed by the Illinois Department of Healthcare and Family Services (HFS). The resident identified on the SEA received medical assistance through HFS. Pursuant to federal and state law, HFS is bound to seek recovery from the estate of a former recipient under certain circumstances. Pursuant to the Probate Act of 1975, HFS would have either a 4th class claim or a 6th class claim against a decedent's estate. HFS has been informed that the resident identified on the SEA died and may have left funds in a trust account or room and board account with your facility. HFS now seeks remittance of those funds if (1) the decedent does not have a surviving spouse and (2) if the funds have not been claimed by a higher class claimant of the estate. Please see below for the classification of claims against decedent's estates:

1st: Funeral and burial expenses, expenses of administration, and statutory custodial claims. For the purposes of this paragraph, funeral and burial expenses paid by any person, including a surviving spouse, are funeral and burial expenses; and funeral and burial expenses include reasonable amounts paid for a burial space, crypt or niche, a marker on the burial space, care of the burial space, crypt or niche, and interest on these amounts. Interest on these amounts shall accrue beginning 60 days after issuance of letters of office to the representative of the decedent's estate, or if no such letters of office are issued, then beginning 60 days after those amounts are due, up to the rate of 9% per annum as allowed by contract or law.

2nd: The surviving spouse's or child's award.

3rd: Debts due the United States.

4th: Reasonable and necessary medical, hospital, and nursing home expenses for the care of the decedent during the year immediately preceding death; and money due employees of the decedent of not more than \$800 for each claimant for services rendered within 4 months prior to the decedent's death.

5th: Money and property received or held in trust by decedent which cannot be identified or traced.

6th: Debts due this State and any county, township, city, town, village or school district located within this State.

7th: All other claims.

As a reminder, please do not change any information on a SEA submitted by HFS. When remitting funds to HFS, please indicate the name of the resident/client and identifying information, such as a Social Security Number or Recipient Identification Number. If there are no remaining funds to be released to HFS, please put an 'X' across the SEA you received and add a note that states 'no remaining funds'. Please return any funds being submitted to HFS or, in the alternative, the SEA with a note stating that there were no remaining funds to:

Illinois Department of Healthcare and Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, IL 62794-9174

Please do not hesitate to contact HFS with any question at (217) 785-8711.

ABC Nursing Home
ATTN:
12354 Main Street
Wheaton
IL 60187-1234

SMALL ESTATE AFFIDAVIT

I, _____, an employee of the Illinois Department of Healthcare and Family Services, on oath state:

1. (a) My post office address is:

**Illinois Department of Healthcare and Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, IL 62794-9174
(217) 785-8711**

2. The decedent's name is _____ ("decedent"). Case id _____
3. The date of the decedent's death was _____
4. The decedent's place of residence immediately before death was:

5. No letters of office are now outstanding on the decedent's estate, and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.

6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.

Patient Trust Account/Room and Board Account

7. To my knowledge, all of the decedent's funeral expenses have been paid:

Class 1: Funeral and burial expenses, expenses of administration, and statutory custodial claims. For the purposes of this paragraph, funeral and burial expenses paid by any person, including a surviving spouse, are funeral and burial expenses; and funeral and burial expenses include reasonable amounts paid for a burial space, crypt or niche, a marker on the burial space, care of the burial space, crypt or niche, and interest on these amounts. Interest on these amounts shall accrue beginning 60 days after issuance of letters of office to the representative of the decedent's estate, or if no such letters of office are issued, then beginning 60 days after those amounts are due, up to the rate of 9% per annum as allowed by contract or law.

N/A

Class 2: The surviving spouse's or child's award.

N/A

Class 3: Debts due the United States.

N/A

Class 4: Reasonable and necessary medical, hospital, and nursing home expenses for the care of the decedent during the year immediately preceding death; and money due employees of the decedent of not more than \$800 for each claimant for services rendered within 4 months prior to the decedent's death.

N/A

Class 5: Money and property received or held in trust by decedent which cannot be identified or traced.

N/A

Class 6: Debts due this State and any county, township, city, town, village or school district located within this State.

Illinois Department of Healthcare and Family Services in the amount of at least

Class 7: All other claims.

Unknown

7.5. I understand that all valid claims against the decedent's estate described in paragraph 7 must be paid by the Illinois Department of Healthcare and Family Services from the decedent's estate before any distribution is made to any heir or legatee. I further understand that the decedent's estate should pay all claims in the order set forth above, and if the decedent's estate is insufficient to pay the claims in any one class, the claims in that class shall be paid pro rata.

8. To my knowledge, there is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7 above.

9. (a) The names and places of residence of any surviving spouse, minor children, and adult dependent* children of the decedent:

None known

*Note: An adult dependent child is one who is unable to maintain himself or herself and is likely to become a public charge.

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is N/A [\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate.].

(c) If there is no surviving spouse, the award allowable to the minor children and adult dependent children of a decedent who was an Illinois resident is N/A [\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children], to be divided among them in equal shares.

10. To my knowledge, the decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where the decedent died intestate:

<u>Name, Relationship, and place of Residence</u>	<u>Age of Minor</u>	<u>Portion of Estate</u>
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None known

(c) I am unaware of any dispute or potential conflict as to the heirship or will of the decedent.

10.3 My relationship to the decedent or the decedent's estate: Provided medical assistance.

10.5 I understand that the decedent's estate must be distributed first to satisfy claims against the decedent's estate as set forth in paragraph 7.5 of this affidavit before any distribution is made to any heir or legatee. By signing this affidavit, I agree to indemnify and hold harmless all creditors of the decedent's estate, the decedent's heirs and legatees, and other persons, corporations, or financial institutions relying upon this affidavit who incur any loss because of reliance on this affidavit, up to the amount lost because of any act or omission by me. I further understand that any person, corporation, or financial institution recovering under this indemnification provision shall be entitled to reasonable attorney's fees and the expenses of recovery.

11. After payment by the Illinois Department of Healthcare and Family Services from the decedent's estate of all debts and expenses listed in paragraph 7, any remaining property described in paragraph 6 of this affidavit should be distributed to

**Illinois Department of Healthcare and Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, IL 62794-9174**

Specific Sum or Property to Be Distributed

Patient Trust Account/Room and Board Account

The foregoing statement is made under the penalties of perjury.

Signature of Affiant

Signed and sworn to before me

_____, 20 ____.

NOTARY PUBLIC

Sangamon County, Illinois