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State of Illinois

Department of Public Aid

Check One
Initial Lien
Renewal of Lien
(If renewal show
filing date of initial
lien)

NOTICE AND CLAIM OF LIEN

Notice is hereby given and I,Waymo	on Ctarko
	Office Administrator of Public Aid for the County
<b>%</b>	e of Illinois, and my successors in office, hereby
	•
claim and intend to hold a Lian on the fo	ollowing described real estate, to-wit:
of the Northeast 1/4 of Section Township 37 North, Range 14, Ea according to the Plat of said S of Cook County, Illinois, as DC as 2321 E. 97th St., Chicago, I	. T#0011 TRAN 4889 12/09/94 14:49:00 . #1657 # RV #-04-03224: . COOK COUNTY RECORDER
Grace Perkins	03-218-878415
Name 2321 E. 97th St.~	Catagory and Case Number Chicago, Illinois
Address	City State
This lien is claimed for all Aid to the to or on behalf of said Grace	
	(Client)
Financial Assistance under Artic	cle III of the Illinois Public Aid Code  B V of the Illinois Public Aid Code
Medical Assistance under Article	e V of the Illinois Public Aid Code
and for payments made to preserve the sa	aid lien in accordance with statutory provisions.
Date Ofcense~ 9 , 19 5	L. and the
WILL CALL	Local Office Administrator of Public Aid

DPA 237 (R-1-94)

IL478-0208

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STATE OF ILLINOIS	)	
•	) ) S <b>S</b> )	
COUNTY OF COOK	)	
	•	
I, Steven		ary Public, do hereby certify that  Local
Office Administrator of Pub name is subscribed to the f	ic Aid, personally knoweregoing instrument, a signed the said inst	own to me to be the same person whose ppeared before me this day in person rument as required of her/him by law,
	Given under my hand	and seal this
to the distance of the second	g day of	16600 A.D., 1991
FICIALITY SERVICE	Notar	y Public O
WILL GAL		

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