## 15 06 222 0 UNOFFICIAL COPY

State of Illinois

Department of Public Aid

04050621

NOTICE AND CLAIM OF LIEN

Che	ock One
Initial	Lien
X Renewal	of Lien
If renewal	show
iling date	of initial
ion) 10	44

. DEPT-01 RECORDING \$23.00 . T+0011 TRAN 4959 12/16/94 11:07:00 . +3018 + RV ★─□4─□5□6≥1 . COOK COUNTY RECORDER

Notice is hereby gi	ven and I, Waymo	n Starks	
acting in my official	capacity as Local Off.	ice Administrator	of Public Aid for the Count
of <u>Coak</u>	, State o	f Illinois, and m	y successors in office, here
claim and intend to ho	ld a ligh on the follo	owing described r	mal estate, to-wit:
Addition to Walte of Lots 16 to 19 of Parts of Secti Section6, Townshi Township 38 North	r G. McIncosh's Fo and 24 to 21, incl ons 31 and 32 Tow p 38 North, Range , Range 2, all Eas llinois, commonly	rest View Gard usive, in Circ uship 39 North 13, and parts t of the Third know1 as 4500	ens, a Subdivision uit Court Partition, Range 13, part of of Section 1 and 12, Principal Meridian S. Oak Park, Forest
Szach, J	ustine <u>\</u>	91-6	52201
Name	,	, Ca te	gory and Case Number
339 9th	Ave.	LaGrange	Illinois
Address		City	State
This lien is claimed for or on behalf of said	or all Aid to the Aged	d, Blind or Disab	led (AABD) asiistance paid
		(Client)	84646°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
Financial Assi	stance under Article	III of the Illino	is Public Aid Code
Y Medical Assist	ance under Article V (	of the Illinois Po	iblic Aid Code
and for payments made	to preserve the said	lien in accordance	with statutory provisions.
_			
Date Distance	<u>'277</u> , 19 <u>74</u> .	1/2 myra	
		Local Office i	Administrator of Public Aid
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WILL CALL

15478-0208

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Wavmon St	arks		همدا
office Administrator of Public	c Aid, personal	ly known to me to be	the same person whose
ame is subscribed to the form	edojud justinme	nt, appeared before m	e this day in person
ind acknowledged that she/he		instrument as requir	ed of her/him by law,
or the uses therein set forti	1.		
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