

UNOFFICIAL COPY

95045018

Check One

Initial Lien

Renewal of Lien

(If renewal show filing date of initial lien) _____

State of Illinois

Department of Public Aid

NOTICE AND CLAIM OF LIEN

Notice is hereby given and I, Waymon Starks

acting in my official capacity as Local Office Administrator of Public Aid for the County of Cook, State of Illinois, and my successors in office, hereby

claim and intend to hold a lien on the following described real estate, to-wit:

Lot 19 in the subdivision of the N.1/2 of the E.1/2 of the W.1/2 of the N.E.1/4 of section 9, township 39 North, range 13, East of the third Principal Meridian (except the N. 379.75ft thereof) in Cook County IL, commonly known as 5045 W. Superior Chicago

. DEPT-01 RECORDING \$23.00
. T#0000 TRAN 0592 01/20/95 10:09:00
. 46644 + CJ *-95-045018
. COOK COUNTY RECORDER

A legal or equitable interest in said described real estate is owned by:

Lucas, Betty 03-234-694977

Name Category and Case Number

5045 W Superior Chicago Illinois

Address City State

This lien is claimed for all Aid to the Aged, Blind or Disabled (ABD) assistance paid to or on behalf of said Betty Lucas for:

(Client)

95045018

Financial Assistance under Article III of the Illinois Public Aid Code

Medical Assistance under Article V of the Illinois Public Aid Code

and for payments made to preserve the said lien in accordance with statutory provisions.

Date January 13, 1995.

Waymon Starks

Local Office Administrator of Public Aid

WILL CALL

2300

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STATE OF ILLINOIS

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) SS
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COUNTY OF Cook

I, Steven Bent, Notary Public, do hereby certify that

Waymon Starks Local

Office Administrator of Public Aid, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she/he signed the said instrument as required of her/him by law, for the uses therein set forth.

Given under my hand and seal this

13th day of January, A.D. 1995.

Notary Public

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