UNOFFICIALOGOPY

STATE OF ILLINOIS DEPARTMENT OF PUBLIC A'D

97068728

NOTICE AND CLAIM OF LIEN

DATE OF INITIAL LIEN    5-12-92	
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of Local Office Administrator for the County of	
Subdivision of the North part of Section 16, Township 39, Range 13, East	
of the Third Principal Meridian. The Cook County, Illinois.	ŗ
a legal or equitable interest in said described real estate is ny field by:  CLIENT NAME: CARRIE FOSTER CASE #: 01-234-491923  ADDRESS: 5400 W. Jackson Blvd., Chicago, IL 6064/.  This lien is claimed for all assistance paid to or on behalf of said client. Index Article III and/or Article V of the Illinois Public Assistance Code, and for payments made to preserve the said lien in accordance with statutory provisions.	
DATE: Grandon 30, 1997 LOCAL OFFICE ADMINISTRATOR	
State of Minois  Illinois Department (1) Public Aid  SS Personal Injury & Estates Unit 17 North State Street, 13th Floor	
County of COOK Chicago, Illinois 60602	
Local Office Administrator, personally known 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 by law, for the uses therein set forth.    "OFFICIAL SEAL"   Given under my hand and seal this   30   day of   0 MALOAN   AD., 19   97	
STEVE KENT  STATE OF REINOIS  (SEAL)  DPA 237 (R-12-94)  Notary Public  L478-0208	

## **UNOFFICIAL COPY**

Property of Cook County Clerk's Office

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