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## **NOTICE OF LIEN**

PREPARED BY AND RETURN TO: Illinois Dept. of Healthcare and Family Services Collection and Asset Recovery Unit

PO BOX 19152 SPRINGFIELD, IL 62794

COUNTY RECORDER **COOK COUNTY** 118 NORTH CLARK CHICAGO, IL 60602



Doc#: 0814245022 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/21/2008 09:15 AM Pg: 1 of 1

RE:

DAVID SEABORG 5101 CARRIAGEWAY DR ROLLING MEADOWS, IL 60008-3987

NCP RIN#: 174218917

In accordance with Article X of the Illinois Public Aid Code and 89 Illinois Administrative Code 160.70(g), YOU ARE HEREBY NOTIFIED, that the Il inois Department of Public Aid is placing a lien on real estate located in the County of COOK, IL described as P.I.N # 05 03 123 019 1226.

Legal Description:

UB-107 FOUNTAINS ON CARRIAGE WAY S 8 T41N R11E Section-Township: 08-41-11 SubDiv-Condo: 25046100 Lot #: Block #: Part of Lot Lol #: Block #: Part of La Building: Unit No: 00000000000000086 Section-Township: 08-41-11 SubDiv-Condo: 25946100 Lot #: Block #: Part of Lot: Building: Building: Unit No: 00000000000107

This action is being taken as a result of your child support obligation. There is now due, less credits and offsets, a sum of \$5,208.00 as of 03/31/2008 which may include interest by operation of law.

In accordance with 735 ILCS 5/12-109, 750 ILCS 5/505, 735 ILCS 5/2-1303, 305 ILCS 5/10-1, 750 ILCS 16/20 and 16/25, 750 ILCS 28/15 and 750 ILCS 45/20.7, interest will continue to accrue on the impaid support until paid in

The owner(s) of the property listed above, has already been notified of the right to release his len against the real estate by making payment, in full, of the past-due support amount to the Illinois Healthcare and remity Services, Bureau of Fiscal Operations IV-D Accounting, P.O. Box 19131, Springfield, IL 62794-9131 (217-782-2950). This lien shall remain on this property until further notification from the Illinois Healthcare and Family Services.

THAT THIS DOCUMENT SHALL SUPERSEDE ALL PREVIOUS CHILD SUPPORT LIENS FILED ON BEHALF OF THIS CHILD SUPPORT CASE.

Prepared by: ILLINOIS HEALTHCARE AND FAMILY SERVICES

BY: att Outland Patti Litteral

Assistant Manager, Collection and Asset Recovery Unit

217-782-2950

DPA 237A (N-9-01)

DATE: 05/13/2008

1L478-020