

UNOFFICIAL COPY

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

To:

COOK County, IL

COOK COUNTY CLERK

118 NORTH CLARK

CHICAGO, IL 60602



Doc#: 1008431083 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/25/2010 12:27 PM Pg: 1 of 1

RE: ANDRE BROWN
10544 S PARNELL AVE
CHICAGO, IL 60628-2436

NCP RIN#: 065243461

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 Illinois Department of Public Aid is placing a lien on real estate located in the County of Cook County, IL described as P.L.N # 29 18 115 011 0000.

Legal Description:

Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 1 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 2 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 3 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 4 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 5 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 6 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 7 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 8 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 9 Block #: 1
Section-Township: 18-36-14 SubDiv-Condo: SYNDICATEAH#1 Lot #: 10 Block #: 1

This action is being taken as a result of your child support obligation. The fee is now due, less credits and offsets, a sum of \$11,518.00 as of 01/31/2010 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 unpaid support until paid in full.

The owner(s) of the property listed above, **has already been notified of the right** to release this lien against the real estate by making payment, in full, of the past-due support amount to the Illinois Healthcare and Family 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: *Patti Rhodes*

Patti Rhodes

Assistant Manager, Collection and Asset Recovery Unit

217-782-2950

DPA 237A (N-9-01)

DATE: 03/10/2010

IL478-020