

UNOFFICIAL COPY

1808540005

Doc# 1808540005 Fee \$40.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/26/2018 02:25 PM PG: 1 OF 1

NOTICE OF LIEN

Prepared By & Return To:

Illinois Dept. of Healthcare and Family Services

Collection and Asset Recovery Unit

PO Box 19152

Springfield, IL 62794-9152

To:

COOK County, IL

Attn: Rosie Hoy - Cook County Recorders Office

118 North Clark, Room 120

Chicago, IL 60602

RE: EDGAR GONZALEZ
1305 SCOVILLE AVE
BERWYN, IL 60402-1158
Case ID: C02385763
NCP RIN#: 199265125

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 Healthcare and Family Services has placed a lien on real estate located in the County of COOK County, IL described as P.L.N # 16-29-315-006.

Legal Description:

THE NORTH 5 AND 182 FEET OF LOT 19 AND THE SOUTH 32 FEET OF LOT 20 IN BLOCK 4 IN CLYDE'S THIRD DIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 SECTION 29, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

This action was taken as a result of your child support obligation. There is now due, less credits and offsets, a sum of \$ 17,051.37 as of 02/28/2018 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:



Brad Palmer

Manager, Collection and Asset Recovery

217-782-2950

DATE: 03/14/2018

DPA 237B (N-9-01)

IL478-0208

S Y
P I
S N
M N
SC Y
E Y
INT DAC