UNOFFICIAL



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

Doc# 2019644027 Fee \$38.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/14/2020 10:29 AM PG: 1 OF 1

RE: JAIME TRUJILLO 14719 S TROY AVE POSEN, IL 60469-1425 Case ID: C03616578

NCP RIN#: 235075504

900 M In accordance with article X of the innois Public Aid Code and 89 Illinois Administrative Code 160.70(g), YOU ARE HEREBY NOTIFIED, that the Illinois 'iealthcare and Family Services has placed a lien on real estate located in the County of COOK County, IL described a . P.I N # 28-12-301-041-0000 . Legal Description:

LOT THIRTEEN (13) AND THE NORTH TEN (13) FEET OF LOT FOURTEEN (14), IN BLOCK THREE (3) IN CROISSANT PARK MARKHAM WELLS FIRST A ODITION IN THE NORTHWEST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) OF SECTION 12, TOW MISHIP THIRTY-SIX (36) NORTH, RANGE THIRTEEN (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 \$8,378.87 as of 05/31/2020 which may include interest by operation of aw.

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 apport 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 fo Fiscal Operations IV-D Accounting, P.O. Box 19131, Springfield, IL 62794-9131 (217-752-7590). 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 PLHALF OF THIS CHILD SUPPORT CASE.

Prepared by: ILLINOIS HEALTHCARE AND FAMILY SERVICES

Manager, Collection and Asset Recovery

217-782-2950

DPA 237A (N-9-01)

DATE: 06/19/2020

IL478-0208