

NOTICE OF LIEN

PREPARED BY AND RETURN TO:
Illinois Healthcare and Family Services
Child Support Enforcement
Collection and Asset Recovery Unit
PO BOX 19152
SPRINGFIELD, IL 62794-9152

2011 027781

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAY 18 AM 11:29

MICHAEL FAJMAN
RECORDER

For use by the Recorder

To: Lake County Recorder
Bldg A 2nd Fl.
2293 N. Main St.
Crown Point, IN 46307

RE: Dion Williams
P.O. Box 7413
Chicago, IL 60680
NCP RIN # : 015224405, CP RIN # :
C 975080, C1625014, C2117097, C2173882

In accordance with Article X of the Illinois Public Aid Code and 89 Illinois Administrative Code 160.70, **YOU ARE HEREBY NOTIFIED**, that the Illinois Healthcare and Family Services is placing a lien on real estate located in the County of Lake described as P.I.N # 45-12-13-454-005.0000-003.

Legal Description: Township 008, Ross Township, H 15-469-13, Southbrook, Unit 3, lot 208

This action is being taken as a result of a child support order(s) entered on 3/28/00, 11/18/08, 3/1/06, 12/8/1995, support order number 1999D0650067, 2008D0051088, 234P20050179, 519PA000484, for IV-D case C 975080, C1625014, C2117097, C2173882. There is now due, less credits and offsets, a sum of \$ 17,642.84 as of 4/30/2011 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 Department of Public Aid.

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

ILLINOIS HEALTHCARE AND FAMILY SERVICES

BY: Patti Rhodes
Patti Rhodes
Assistant Manager
Collection and Asset Recovery
217-782-2950
PA 237A (N-9-01)

DATE: 5/12/2011

AMOUNT \$ 11⁰⁰
CASH _____ CHARGE _____
CHECK # 3247
OVERAGE _____
COPY _____
NON - COM _____
CLERK RA
IL478-0208

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