STATE OF INDIANA ORIGINAL DEPARTMENT OF MENTAL HEALTH 429 North Pennsylvania Street Indianapolis, Indiana 46204

639516

Patient and/or Responsible Relative

- M. Constitution Constitution of the Constitu

NOTICE OF LIEN FOR PATIENT'S COST OF TREATMENT AND MAINTENANCE

| Date: August 5, , | 19_81 |
|---|--|
| TO: Andrew Scobbie (deceased) and Mary | garet Scobbie, 8201 Wicker Park Drive, |
| Highland, Indiana | and all others concerne |
| YOU ARE HEREBY NOTIFIED: | , |
| the relation of the Mental Health Commis | I.C. 1981 16-14-18.1-4) the State of Indiana, or issioner, by his duly appointed agent, intends to the following |
| Wicker Park Manor L. 24 I | B1 6 - Key #27-169-24 |
| | WILLIAM DIELSKI |
| more commonly known as 8201 Wicker Pa | ark Drive, Highland, Indiana |
| together with all of the improvements the | reon. |
| The Lien is for the Cost of Treatmer | nt and Maintenance of Margaret Scobbie |
| in the Logansport State Hospital | 1 |
| The relationship of the owner Andr | rew Scobbie and Margaret Scobbie to the patien |
| Margaret Scobbie is | S deceased husband and self |
| The owner Andrew Scobbie and Mar | rgaret Scobbie is a responsible part |
| of the patient <u>Margaret Scobbie</u> | by virtue of Acts 1981 |
| P. L. 178 (I. C. 1981 16-14-18.1-1 throug | gh 16-14-18.1-15). |
| The charges for the cost of tr | reatment and maintenance of said patient becam |
| delinquent in accordance with Indiana law | on <u>April 30</u> , 19 81 |
| By: | DENNIS R. JONES Commissioner Norene B. Briggs, Reimbursement Director |
| | Duly Appointed Agent of the Commissioner |
| Subscribed and sworn to before me, | , a Special Deputy, duly appointed in conformi |
| with Chapter 81, Acts of 1947, this of SPECIAL DEPUTY | day of August, 1981 AMCE W. MARKS Special Deputy |
| This Instrument prepared by and sign | ed on Order of the DEPARTMENT OF MENTAL nnis R. Jones, COMMISSIONER OF MENTAL |