659290

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

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

Date:	February 12,	, 19_	82	· ·						
TO:	Gerald Richardson ar	nd Le	etha M.	Richa	rdson,	8501 La	kewood,			
	Gary, Indiana			· · · · · · · · · · · · · · · · · · ·		and a	ll other	rs c	once	rned.
	YOU ARE HEREBY NOTIFIED:									
the	pursuant to Acts 1981, P.L. 178 (relation of the Mental Health Comm a Lien for Palicults Cost of	nissid	oner, l	by his	duly a	ppointe	d agent on the	t,_in e ≝fo	o ll ow	Saton
	25 Key 46-0588-0023						r G	7 S. B.	7	F THE
	1st Add to Pottawatt	tomi	Park A	11 Lot	23			JAM BIELSKI	2 10 PM	RECORD
								JR.	187	. 20
more.	commonly known as 8501 Lakewo	ood,	Gary,	IN						
	her with all of the improvements th		1 1 1 1 W.						1949 (1949) 1	e e e e e e e e e e e e e e e e e e e
-	The Lien is for the Cost of Treatme			aintena	nce of	Geral	d Richa	rdso	n	*4.
in th								,		-
	The relationship of the owner Geral	ld Ri	lchards	on and	Letha	M.Richa	rdson to	the	pat	cient
	Gerald Richardson	is	Self	and sp	ouse					
	The owner Gerald Richardson and I	Letha	. M. Rí	chardso	าก	is	a respo	nsit	ole p	arty
of th	e patient Gerald Richardson					by	virtue (of A	cts	1981,
P. L.	. 178 (I. C. 1981 16-14-18.1-1 thro	ugh	16-14-	18.1-1	5).	_				
	The charges for the cost of t	treat	tment a	and m	aintena	nce of	said pa	ițien	t be	came
	quent in accordance with Indiana la			Septemb			-	19 8		•
	SPECIAL DEDUCTION	y: No in the second of the sec	Norene Duly A Speci	B. Br	Depariggs, ed Age	Februar	of Ment rsement ne Com	Dir	recto ione:	> r
This HEAL HEAL	The state of the s	/. ;ned ennis	on O s R.	rder o Jones	f the , COI	DEPAR'	rment NER C	OF)F	MEN MEN	TAL

Patient and/or Responsible Relative