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

ORIGINAL

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

Date	April 12	,	19_82	 '				
TO:	Louis Olmo and	Aleja	Olmo, 340 Sc	uth Jasper	Street,			
	Gary, Indiana	46403	***************************************		_and all o	thers c	oncei	rned.
•	YOU ARE HEREBY NOTIFIED:			•				
that the bold		Commis	sioner, by h	is duly an	pointed a	gent, ir	itend	s to
Du	neland Park Sub. L. 25 Bl. 1	••				WILLIAH BIEI Reçord	APR 15 112	STATE OF INCIANA LAKE COUNTY FILSO FUR RECORD
						BIELSKI JR ORDEF	23 AM	KETANAIS.E. NO TY FECORD
						JR	. 82	ex :
more	commonly known as 340 S	outh Ja	sper Street,	Gary, IN	46403			
•	her with all of the improvemen			1		*******		
	The Lien is for the Cost of Tr			enance of	Aloto Ol	mo		
in th	e Beatty Memorial Hospital				Aleja o			
	The relationship of the owner		Olmo and Ale	ia Olmo		+o +1.		
						to the	: pan	ient
enter orașia	The owner Louis Olmo and Ale							•
of th				* To state the second s				
			1 40 74 10 4		by virt	ac of A	cts 1	931,
	. 178 (I. C. 1981 16-14-18.1-1	-						
	The charges for the cost					•		came.
delin	quent in accordance with India	ia law	on	Septer	mber 8	_, 19 <u>. 7</u> .	4	•
			DENNIS R.				ealth	
		By:	Mauri	BI				1
		z,	Norone B. Duly Appoi	Briggs, Ranted Agen	eim orsem t of the C	ent Dir ommissi	ector	•
	Subscribed and sworn to befo	re me,	a Special D	eputy, dúl	y appoint	ed in c	ontor	mity
with	Chapter 81, Acts of 1947	13 th	day of	Ar	ril	, 19 ₈	2	
	SPECIA DEPUT	L Y	JATCE W.		Ma	rks		
ins HEAL HEAL		Morning	a on Order vis R. Jone	or the Dest. COMM	EPĀKIPIE ISSIONER	NI OF I	Merce) MENT	ľai. AL
ce: .	Patient and/or Responsible Rela	ative						

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