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	, 1982.		
TO:	Vernon Parks	and Kathryn Par	ks, 729 West 36th	, Gary, IN 46408
				nd all others concerned
YOU ARE I	HEREBY NOTIFIED			and complete competined
THE LETATION OF	uuc wentat neattr	i Commissionar -	har his distry name	e State of Indiana, on inted agent, intends to be on the following:
	Park Manor 3	rd Sub. L. 1 B.	Н	APR 15 WILLIAM RECO
				H 24 AP
	· .			KI JR
more commonly l	known as 729 We	st 36th Street,	Gary, IN	
	l of the improveme	*		
•	for the Cost of T		aintenance of K	athryn Parks
	Beatty Memor			
				to the patient
	yn Parks		e and self	e patient
	Vernon Parks			is a responsible party
of the patient	Kathryn		-	by virtue of Acts 1981,
P. L. 178 (I. C.	. 1981 16-14-18.1-			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			•	of said patient became
	cordance with Indi		•	st 23 , 19 72
•			Migu	. 19:72
		DENNIS	R. JONES, M.S.	.W., M.B.A., nt of Mental Health
		Commis	blomer, Departmen	nt of Mental Health
		Ву:	rure BL	245
				the Commissioner
			en e	
Subscribed	and sworn to be	fore me, a Speci	al Deputy, duly a	appointed in conformity
with Chapter 81,	Acts of Whi	day of	. Apri	1 1982.
	/ 3	· To /	- 1 26 4	N. h
	SPECIA DEPUT	T WXIT CIT	W. MARKS	Marks
	OF	Special	- •	
This Instrument HEALTH, STATHEALTH.	t preparedon hydra TE OF INDIAN	ngerisigned on O	rder of the DEP Jones, COMMISS	ARTMENT OF MENTAL SIONER OF MENTAL
cc: Patient and	or Responsible Re	elative		

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