

STATE OF INDIANA
DEPARTMENT OF MENTAL HEALTH

117 East Washington Street
Indianapolis, IN 46204

873977

AUTHORITY TO RECORDER TO RELEASE LIEN

ORIGINAL

To the Recorder of LAKE County, Indiana:

You are hereby authorized to release the following described lien for Patient's Cost of Treatment and Maintenance under Acts 1981, P.L. 178 (I.C. 1981 16-14-18.1-4) for the following described real estate:

27-17-0248-0133 761253
Crestwood Trace
Descrip Lot 133

Recorder's Instrument No. 713256
Recorded in N/A
Recorded on June 20, 1983

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
SEP 9 11 18 AM '86
RUDOLPH CLAY
RECORDER

more commonly known as 3000 Crowsnest Drive, Hobart, IN 46342
together with all of the improvements thereon.

Name of Real Estate Owner Anna P. Benson
Name of Patient Martin Benson
Name of Hospital Fort Wayne State Hospital

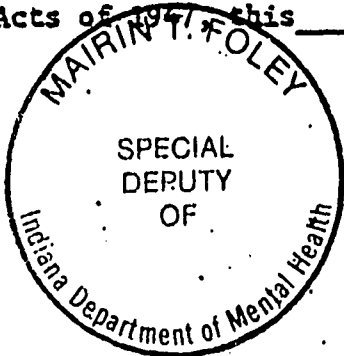
REMARKS: Payment in satisfaction of the lien.
Therefore lien is released.

SEAL

DENNIS R. JONES, M.S.W., M.B.A.,
Commissioner, Department of Mental Health

Sept. 5, 1986 By: *Joseph D. Stephens*
JOSEPH D. STEPHENS, Deputy Commissioner
for Administration

Subscribed and sworn to before me, a Special Deputy duly appointed in conformity with Chapter 81, Acts of 1947, this 5th day of September, 1986



Mairin T. Foley
MAIRIN T. FOLEY
Special Deputy

This Instrument was prepared by and signed on Order of the DEPARTMENT OF MENTAL HEALTH, STATE OF INDIANA, Dennis R. Jones, COMMISSIONER OF MENTAL HEALTH.

cc: To Patient and/or Responsible Relative

N/C