

# Lake County Recorder's Receipt

Receipt from: Morris W. Carter  
Lake County, Indiana Recorder

Date: 12/23/97	Instrument Number: 97088057	Number of Pages: 1	Book	Page
Compliant: <input type="radio"/> No <input checked="" type="radio"/> Yes	No. of non comp Pages	Addl Mailings:	Number Cross Ref's:	
Payment Method: Cash	Ck Num:	Company for Charge:		
Type of Doc: PLAT	More Info:			
Key Number:	Chg	Ck Tot:	Cs: \$18.00	

Name of Return Mail: PHYSICIAN'S MANAGEMENT IN. INC. SUB

Address of Return Mail: 83-93

City of Return Mail:

Amount of Fee:  
**\$18.00**

Conformance Fee:	Document Fee:	Enhance Fee:	Surveyors Fee:	Copies Fee:	Overage:	Other Fees:
\$0.00	\$0.00	\$3.00	\$0.00			\$15.00

	PHYSICIAN'S MANAGEMENT IN. INC. SUB
	PLAT
Consideration	\$0.00
Legal Description	RESUB LT 4 MIDWEST CENTRAL BUSINESS PARK UNIT 3 MUNSTER SEE PLAT BOOK 83 PAGE 93
Remarks	

RECEIPT From: **Morris W. Carter**

Receipt Number: \_\_\_\_\_

Lake County Recorder  
2293 N Main St  
Crown Point, In 46307

Received From: PHYSICIAN'S MANAGEMENT IN. INC. SUB **\$18.00**

The Sum of \_\_\_\_\_ Dollars

on Account of \_\_\_\_\_

Payment type Cash

\_\_\_\_\_  
Authorized Signature