

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99084211

99 OCT 13 AM 8:45

MORRIS W. CARTER
RECORDER

STATE OF INDIANA
DIVISION OF MENTAL HEALTH
402 West Washington Street - Room 420 East
Indianapolis, IN 46204-2739

AUTHORITY TO RECORDER TO RELEASE LIEN

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 I.C. 12-24-15-1 through -3, the State of Indiana, for the following described real estate:

KEY #36-0503-0003

TRI-STATE MANOR ADD. L.3 BL. 1

NOT OFFICIAL!

This Document is the property of
Recorder's Instrument No. 688594
the Lake County Recorder

Recorded in NONE AVAILABLE LIEN

Recorded on 1982 NOVEMBER 30

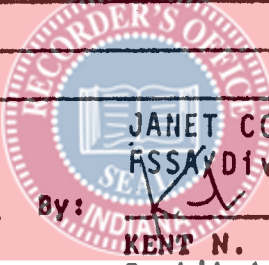
more commonly known as 7509 Kentucky Street, Hammond, Indiana 46323
together with all of the improvements thereon.

Name of Real Estate Owner James Louis Papay & Alice J. Papay

Name of Patient James L. Papay, Jr.

Name of Hospital Logansport State Hospital

REMARKS: Release Lien



October 4, 1999

19

By:

JANET CORSON, Director
ASSAY Division of Mental Health

Kent N. Farr 10/8/99
KENT N. FARR, Director of
Institutional Finance,
Family & Social Services Administration

Subscribed and sworn to before me, a Special Deputy duly appointed in
conformity with I.C. 4-2-4,
this 4th day of October, 1999

Robert L. Biddlecombe 10/8/99
ROBERT L. BIDDLECOMBE, Special Deputy

This Instrument was prepared by and signed on order of the FAMILY & SOCIAL
SERVICES ADMINISTRATION, STATE OF INDIANA, JANET CORSON, Director,
Division of Mental Health.

To Patient and/or Responsible Relative

State Form 24209/Revised 01/99
STATE OF INDIANA)
COUNTY OF MORGAN)

Before me the undersigned, a notary public for Morgan County, State of Indiana,
personally appeared Kent Farr and acknowledged the execution of the foregoing
instrument this 4th day of October 1999.

My Commission Expires
9/21/01

Notary Public

Carole Thurston
Carole Thurston

10:00
1162