STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 007159

2000 FEB - 1 PM 12: 30

MORRIS W. CARTER RECORDER

STATE OF INDIANA
DIVISION OF MENTAL HEALTH
402 WEST WASHINGTON STREET - ROOM 420 EAST
INDIANAPOLIS, IN 46204-2739

	NOTICE OF LIE	N FOR PATI	ENT'S COST OF	TREATMENT AND MAI	NTENANCE
Date:		ARY 31.	, 200		
TO:	ANTHONY M.	& MARJEANN	E LATTAK CUKLI	N	
****				and all o	thers concerned.
	YOU ARE HEREBY				
that relat to ho follo	pursuant to ion of the Men ld a Lien for wing described	I.C. 12-24 tal Health Patient' real esta	-15-1 through - Director, by h s Cost of The	-3, the State of nis duly appoints ceatment and Ma	Indiana, on the dagent, intends intenance on the
			Door	montio	
		FORS	YTHE WATER GAR	densent is	
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		This	Document	is the prope	rty of
more toget	commonly known her with all o	as 1910 the impr	Forsythe Squar ovements thereo	ce, Whit ing, Inc	diana 46394-1803
•	The Lien is fo	r the Cost	of Treatment a	nd Maintenance o	f
			14 17 18	gansport State	
				Anthony M. & Ma	rjeanne L. to the
	nt <u>Marjeanne</u> l			Husband & Wife	
	The owners Cul	clin, Antho	ny M.& Marjear	nne Lattak is a r	esponsible party
	e patient Man.C. 12-7-2-169				by virtue
	_		0,0	and maintenance	The state of the s
became	e delinquent i		ce with Indiana CORSON, Direct	law on <u>January</u>	19. 2000
	26		Division of Me		
	en de la companya de En la companya de la	ву:	, for 1/2	8/00	
			FARR, Directo	or of Institution	al Finance,
•		Family	& Social Servi	ces Administrati	on
8	Subscribed and	sworn to	before me, a S	special Deputy, d	uly appointed in
confor	mity with I.C	. 4-2-4,		<b>Ja</b> nuary	
this _	28th	$-\Omega$	T Total of	1/25/	2000
	and the second of the second	I COU		allonike 700	
		ROBERT		, Special Deputy	
This SERVIC DIVISI	Instrument posts administration of Mental I	repared by FION, STATE HEALTH.	and signed on OF INDIANA,	Order of the F JANET CO	AMILY & SOCIAL RSON, DIRECTOR,
cc: F	Patient and/or	Responsib.	le Relative		
STATE	Form 24195/Re OF INDIANA) Y OF MORGAN)	vised 01/2	000		en de la companya de La companya de la co
person		ent Farr, ar	nd acknowledged t	gan County, State o he execution of the	
My Con	mission Expires		Notary Public		CK# 4486
9/	/21/01 <sup>massas</sup>		Tarole	Thursto	V Am
1		and the second of the second o	Carole Thurst	on sala kalendari ya 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	9.00