

2004 036816

## STATE OF INDIANA DIVISION OF MENTAL HEALTH 402 West Washington Street - Room 420 East 7) Indianapolis, IN 46204-2739

**AUTHORITY TO RECORDER TO RELEASE LIEN** 

To the Recorder of

ake County, Indiana

750 m

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:

Gary Land Co's 5th Sub. N. 26 ft. L 13, Bl. 17 S. 15 ft. L 14, Bl. 17 Key # 44-211-13

## Document is Recorder's Instrument No. 411650 Recorded in . Not shown on Lien This Do Recorded on is the PJune 10, 1977 more commonly known as the I225 Taft Place, Gary, Indiana er together with all of the improvements thereon. Name of Real Estate Owner Wilkerson, David & Kathleen Name of Patient Wilkerson, David Name of Hospital Beatty Memorial Hospital (Central State Hospital) **REMARKS:** Release Lien Suzanne F. Clifford, Director FSSA/Division of Mental Health and Addiction 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

This Instrument was prepared by and signed on order of the Family & Social Services Administration Division of Mental Health and Addiction, Suzanne F. Clifford, Director.

day of

M/1

February

M. Rex Hane, Special Deputy

cc: Patient and/or Responsible Relative

I.C. 4-2-4-, this

State Form 24209/Revised 04/2003

STATE OF INDIANA) COUNTY OF MORGAN)

Before me the undersigned, a notary public for Morgan County, State of Indiana, personally appeared Kent N. Farr and acknowledged the execution of the foregoing instrument this 19th day of February ,2004.

19th

Prepared by:

My Commission Expires:

04/13/11

**Notary Public** 

Margaret A. Ritcheson-Dick
MORGAN COUNTY

10.00 XP 18645050

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