STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 036820

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:

Rediv Helberg's Oak Ridge Add.
E-1/2 W-1/2 Lot 9 Block 3
W6 ft. of W-1/2 E-1/2 Lot 9 Block 3

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STOP

Recorder's Instrument No. 608592
Recorded in Not shown on Lien
Recorded on November 26, 1980
more commonly known as 1118 Sibley Street, Hammond, Indiana
together with all of the improvements thereon.

Name of Real Estate Owner Gard, Edwin J. & Alice E.
Name of Patient Gard, Alice E.
Name of Hospital Logansport State Hospital
REMARKS: Release Lien

Suzanne F. Clifford, Director
FSSA/Division of Mental Health and Addiction
By: 2/13/04
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 19th day of February ,2004

Prepared by: M. Rex Hane, Special Deputy

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.

cc: Patient and/or Responsible Relative

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.

My Commission Expires:
04/13/11

Notary Public
Margaret Ritcheson-Dick
Margaret A. Ritcheson-Dick
MORGAN COUNTY

10.00
XP
18645050