

2004 036827

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:

> Pottowattomi Park All. L. 72

		Document is
		ecorder's Instrument No. 826505 or 827505
		ecorded in Not shown on Lien
more commonly	I IIIS DURE	ecorded on is the October 29, 1985
more commonly	the 156	5 Vanderburgh Street, Gary, Indiana 46403
together with all	of the improvements t	hereon.
Name of Real Es		edrano, Je <mark>sse</mark> & Darlene
Name of Patient		edrano, Monica
Name of Hospital		ort Wayne State Hospital
REMARKS:	Re	elease Lien
		Suzanne F. Clifford, Director FSSA/Division of Mental Health and Addiction By:
		Kentin Farr, Director of Institutional Finance
		Family & Social Services Administration
Suba	aniba ad a mad a manage to the	
Subscribed and sworn to before me, a Special Deputy duly appointed in conformity with		
1.0. 4	-2-4-, this <u>19</u>	th 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 day of February ,2004.

My Commission Expires:

04/13/11

Margaret Litcheson-Dick Margaret A. Ritcheson-Dick MORGAN COUNTY

10-00 A 18645050