

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, LOUIS SACHER, M.D., M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, LOUIS SACHER, M.D., M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery effective Nov. 21, 1988.

I, LOUIS SACHER, M.D., M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. _____, to the Ohio State Medical Board.

I understand that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

Signed this 21 day of NOVEMBER, 19 88 in the office of DR. LOUIS SACHER, M.D.

Louis Sacher MD

Sgt. Henry Benhardt

WITNESS

Det. Dale Smith #335

WITNESS

Deputy Norman Jasinski #69

Sworn to and signed before me this _____ day of _____, 19 _____.

T. K. Pham

Notary Public