

VOLUNTARY RETIRMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, WALTER R. KATZENMEYER, 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, WALTER R. KATZENMEYER, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective IMMEDIATELY.

I, WALTER R. KATZENMEYER, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 12412, 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, and that I shall be ineligible for, and shall not apply for, reinstatement of said certificate or any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code.

Signed this 8TH day of August, 1990, in the ^{Home} offices of _____


WALTER R. KATZENMEYER, M.D.

Michael A. Guin, INVESTIGATOR
WITNESS

John Smith, Lic. #335
WITNESS

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

Notary Public