

PHYSICIAN'S LIEN RELEASE

THIS IS TO CERTIFY that the indebtedness owed by _____
and secured by the Physician's Lien filed the _____ day of _____, 20____
in Book _____ on Page _____ by _____,
in the County of Kay, State of Oklahoma, against _____,
in the amount of \$_____, has been paid and said lien is hereby released and
discharged of record and the Kay County Clerk is hereby authorized and directed to enter the
satisfaction of said Lien on the Lien Journal.

Dated this _____ day of _____, 20____

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, in and for said County and State, on this _____ day of
_____, 20____, personally appeared _____

to me known to be the identical person who executed the within and foregoing instrument and
acknowledged to me that executed the same as free and voluntary act and deed for the uses and
purposed therein set forth.

In Testimony Whereof, I have hereunto set my and official seal the day and year above
written.

My Commission Expires: _____

My Commission #: _____

Notary Public