

**NOTATION OF LAPSED & VOID MEDICAL, NURSING, HOSPITAL, OR
AMBULANCE SERVICE LIEN**

WHEREAS, a lien was filed by _____ on
_____, 20____, file number _____ against
_____; and,

WHEREAS, an Affidavit has been filed by _____
stating that One Hundred Eighty (180) days have elapsed and such has not been amended or
supplemented, and, thus, is not enforceable.

It is hereby noted that said lien has lapsed and is void.

Kyle Sylvester, Circuit Clerk

By: _____