

**PARTIAL RELEASE OF HOSPITAL LIEN**

STATE OF OKLAHOMA )  
 ) SS.  
COUNTY OF OKLAHOMA )

DOC NUMBER 00001583  
TIME 02:30 PM  
FEE 8.00  
DATE JAN. 6 1993  
OKLAHOMA COUNTY CLERK  
RECORDED AND FILED

OKLAHOMA ORTHOPEDIC & ARTHRITIS FOUNDATION, INC., DBA BONE AND JOINT HOSPITAL  
IN THE MATTER OF HOUSE, HORTENSE L., Patient.

Oklahoma Orthopedic & Arthritis Foundation, Inc., dba Bone and Joint Hospital, its principal place of business situated in Oklahoma County, Oklahoma, more particularly 1111 N. Dewey, Oklahoma City, Oklahoma, and that Bone and Joint Hospital is the holder of a hospital lien under the terms and provisions of Title 42 Oklahoma Statutes §§ 43-44, of the laws of the State of Oklahoma, on any and all rights of actions, suits, counterclaims, demands, and any and all verdicts, reports, decisions, decrees, judgments or final orders made or entered in any action or proceeding in any court of the State of Oklahoma, accruing to or in behalf of said patient, whose name is HOUSE, HORTENSE L.

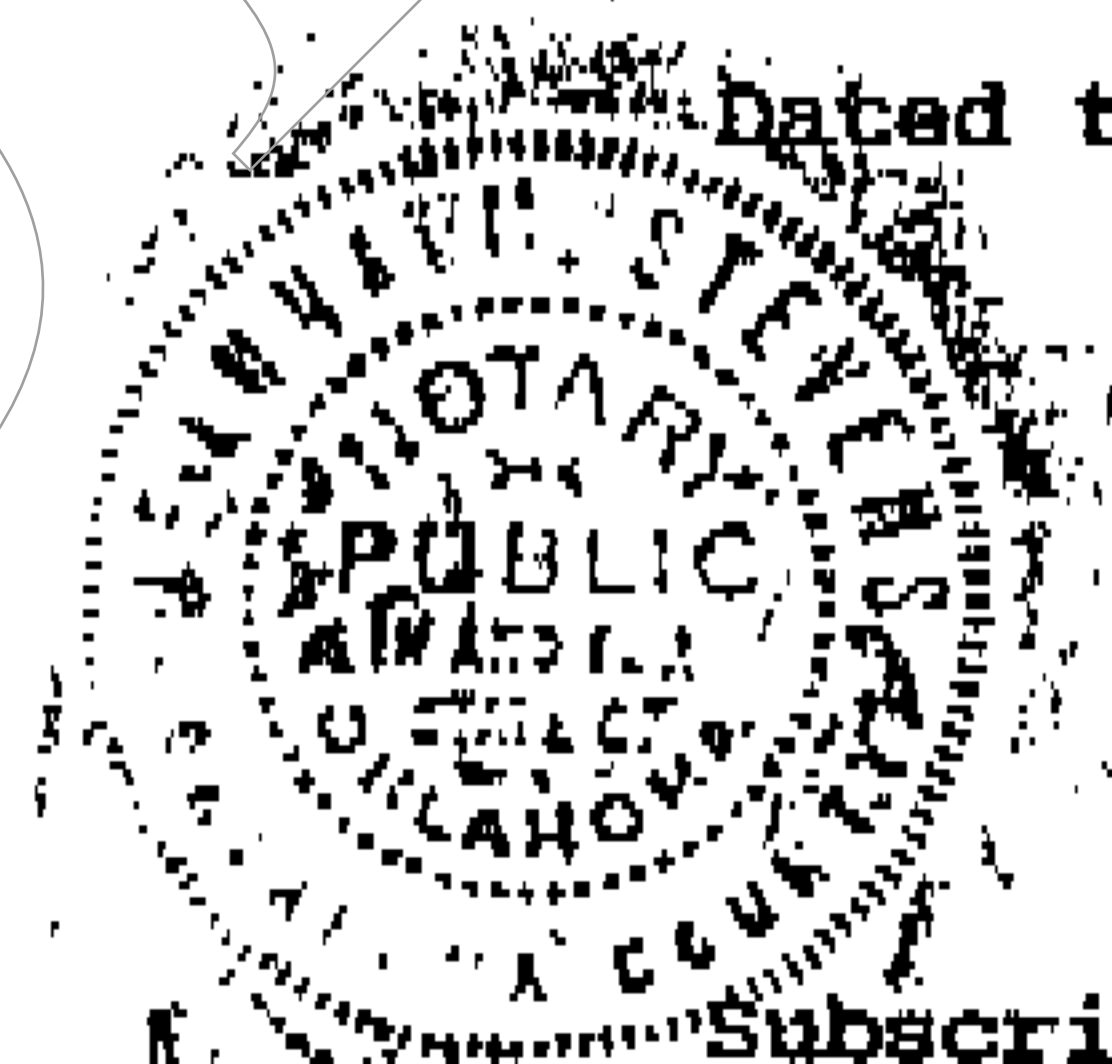
whose address is 1225 N. KATE #170  
City of OKLAHOMA State of OK 73112, for treatment, care and maintenance in said Bone and Joint Hospital, of Oklahoma City, Oklahoma, during the period of 08/06/92, by the reason(s) of an accident or emergency care needed as a result of the negligence of LIBERTY BANK, or as a result of which required medical treatment, care and maintenance. Such accident or incident requiring such medical treatment occurred on approximately 08/06/92, 1992, at the following location, LIBERTY BANK OF OK, in the County of OKLAHOMA, State of OK, the total amount due being \$ 6533.65.

The names of the person(s), firm(s) or corporation(s) alleged to be liable to pay the damages to the above-named Patient because of the injuries arising out of the above named accident is as follows:

NAME	ADDRESS
LIBERTY BANK ZRULE INS.	P.O. BOX 809016 DALLAS, TEXAS 75380-8016

The above named Bone and Joint Hospital, of Oklahoma City, Oklahoma, does hereby acknowledge payment in full and satisfaction of the amount of \$ 5000.00 for medical services, care, treatment and maintenance rendered by said Bone and Joint Hospital, and said hospital **DOES HEREBY PARTIALLY RELEASE THE CLAIM AND HOSPITAL LIEN NUMBER** HL7919, heretofore filed with the County Clerk of OKLAHOMA, County, State of Oklahoma, on the 24TH day of AUGUST, 1992, and enforces the balance of the amount due and owing, crediting the payment above mentioned, as a claim and hospital lien pursuant to 42 Oklahoma Statute §§ 43-44.

Dated this 29 day of DECEMBER, 1992.



OKLAHOMA ORTHOPEDIC & ARTHRITIS FOUNDATION, INC., DBA BONE & JOINT HOSPITAL, an Oklahoma Corporation.

BY: Patricia Allen Title PATIENT ACCOUNT REPRESENTATIVE

Subscribed and sworn to before me this 29th day of December, 1992.  
My Commission Expires: Feb 11, 1996  
Deanna M. Stevens  
NOTARY PUBLIC