

**VOLUNTARY LIEN AGAINST PROPERTY OWNED BY
JOHNNIE HAYES EXECUTED BY HER ATTORNEY IN FACT**

To Whom this may concern:

LouJeanne Walton is Attorney In Fact for Johnnie Hayes. As Attorney In Fact for Johnnie Hayes with this specific power granted, I hereby grant a lien to the Sebo's Nursing & Rehabilitation Center, L.L.C. to be paid from the proceeds of any sale of property which Johnnie Hayes owns or is part owner, or from any judgment or settlement of any litigation in which she is involved or may become involved. This lien includes, but is not limited to, the property located at 4646 West 17th Avenue, Gary, Indiana, 46404, located in Lake County, Gary, IN. This lien shall apply even in the case of Johnnie's Hayes' demise, and is provided as security for a large outstanding account balance. The legal description of the property is:

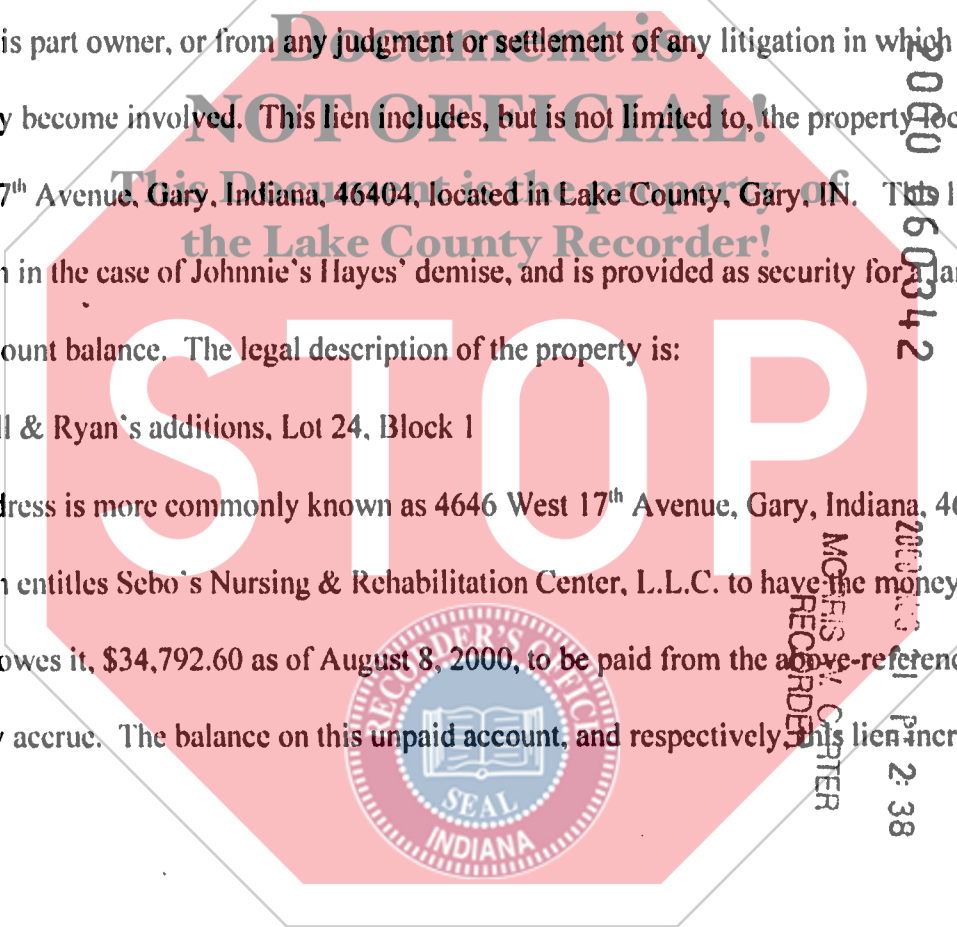
Caldwell & Ryan's additions, Lot 24, Block 1

This address is more commonly known as 4646 West 17th Avenue, Gary, Indiana, 46406.

This lien entitles Sebo's Nursing & Rehabilitation Center, L.L.C. to have the money Johnnie Hayes owes it, \$34,792.60 as of August 8, 2000, to be paid from the above-referenced proceeds, if any accrue. The balance on this unpaid account, and respectively, this lien increases every month.

8-11-00
Date

LouJeanne Walton
LouJeanne Walton, Attorney in Fact
For Johnnie Hayes



1200
003
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STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared LouJeanne Walton and acknowledged the execution of the above and foregoing under her Power Attorney for Johnnie Hayes

IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 11th day of August, 2000.

Brenda J. Rotz

Notary

NOT OFFICIAL!

BRENDA J. ROTZ

Printed

This Document is the property of
the Lake County Recorder!

My Commission Expires: 11-2-2007

My County of Residence is: Lake

STOP





Official Stamp

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MORRIS W. CARTER
RECORDER

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Name Case Center, Inc

C/O Diana Walton
Address 330 W. US HWY 30

City St Zip Valpo In 4638

Telephone 219 531-7597 EX 109

Signature Printed DIANA WALTON

Signature Written Diana Walton

Date of Signature 8-21-00

Check Number Cash

Check Amount \$1200

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____