Schedule "L" - Notice to Public Trustee

(Section 59(1) Hospitals Act and Regulation 10)

| TAKE NOTICE that | a patient at the | Hospital, has |
|----------------------------|-------------------------------------------|--------------------------------|
| been examined by a psychi | atrist and found to be unable to administ | ter his (her) estate. |
| AND FURTHER TAKE N | OTICE that as Administrator of the afor | rementioned hospital, I hereby |
| advise you that circumstan | ces are such that the Public Trustee show | ald consider the immediate |
| assumption of the manager | ment of the estate of | |
| | | |
| | | |
| (Date) | (Signature) | |
| | Administrator of the | Hospital |