STATE OF SOUTH CAROLINA

COUNTY OF ....GREENVILLE....
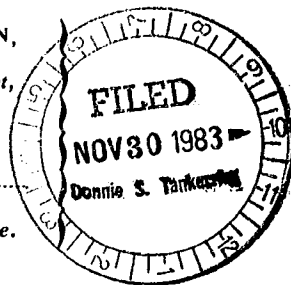
NOTICE OF LIEN

SOUTH CAROLINA MENTAL HEALTH COMMISSION,

Claimant,

vs.

BOOK **1** PAGE **769**

FILED
NOV 30 1983
Donnie S. Tankersley

Carolyn Ann Greggs Dendy,
#008-20-0575,

Lienee.

TO WHOM IT MAY CONCERN:

YOU ARE HEREBY NOTIFIED that pursuant to the provisions of Section 96, Subsection d, of Act No. 368 of the Acts of the General Assembly of South Carolina for 1953, and any amendments thereto, the South Carolina Mental Health Commission claims and has a lien from the ......**13th**...... day of ......**May**...................... 19 ....**71**..., upon all of the real and personal property of ....**Carolyn Ann Greggs Dendy**........................ for the expense incurred by the State of South Carolina in furnishing medical care and maintenance in a State mental health facility to the said ......**Carolyn Ann Greggs Dendy**.., the amount of said expense to the State as of the ......**25th**...... day of ......**November**...................... 19 **83**........, being $ ..**557.50**........................ . This lien will also attach to any real or personal property as may be hereafter acquired by the said ......**Carolyn Ann Greggs Dendy**........................ while the above-stated amount is unpaid.

YOU ARE FURTHER NOTIFIED that the South Carolina Mental Health Commission will claim under this lien such further amounts as accrue after the date above set out, for any further medical care and maintenance received in any State mental health facility by the above-named lienee, at the regular rates charged therefor.

Dated at Columbia, S. C., this ......**25th**...... day of ......**November**...................... 19 **83**......

In the presence of:

Alice E. Moore

Susan T. Zwart

SOUTH CAROLINA MENTAL HEALTH COMMISSION

By *Beverly R Black*

~~Director~~/Officer/Manager
Patients'/Personal Affairs
(Mrs.) Beverly R. Black

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

PERSONALLY appeared before me ......**Alice E. Moore**...................... who, being duly sworn, says that s he saw ......**Beverly R. Black**......................, as ~~Director~~ Office Manager of Patients' Personal Affairs representing South Carolina Mental Health Commission, and as its act and deed, sign and execute the foregoing Notice of Lien, and that s he with ......**Susan T. Zwart**...... ....witnessed the execution thereof.

SWORN to before me this ......**25th**...... day of ......**November**......, 19 83 .

(signature) (L.S.)
Notary Public for South Carolina

Alice E. Moore

My comission expires on ......**August 13, 1989**......

SCDMH FORM
REV APR 83 **F-55**