STATE OF SOUTH CAROLINA COUNTY OF. NOTICE OF LIEN SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH 1 PAGE / 037 Claimant, BOOK ds D. Goldsmith #851-0383 Lience TO WHOM IT MAY CONCERN: YOU ARE HEREBY NOTIFIED that pursuant to the provisions of Section 96, Subsection d. of the Acts of the General Assembly of South Carolina for 1953, and any amendments thereto, the South Carolina Department of Mental Health claims and has a lien from the _______ day of ____ for the expense incurred by the State of South Carolina in the amount of said expense to the State as of the 19th day September 19 86 , being \$ 7,200.00 . This lien will also attach to any real or personal property as may be hereafter acquired by the said ____Lewis D. Goldenith while the above-stated amount is unpaid. YOU ARE FURTHER NOTIFIED that the South Carolina Department of Mental Health 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 lience, at the regular rates charged therefor. Dated at Columbia, S. C. this 19th day of September In the presence of: SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Director/Office Manager

(Mrs.) Beverly R. Black

Patient Personal Affairs -Patients Resources