| STATE OF SOUTH CAROLINA FILED BOOK 1 PAGE 852 |
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| COUNTY OF GREENVILLE MAR 2 1 1985 D |
| NOTICE OF LIEN |
| NOTICE OF LIEN |
| SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH |
| vs. |
| Karol Osborne Anglin #840-1026 |
| Lienee |
| 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 17th day of |
| October 19 84 , upon all of the real and personal property of Karol Osborna |
| 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 <u>karol</u> |
| |
| of <u>Harch</u> 19 85 , being \$ 480.00 . This lien will also attach to any real or |
| personal property as may be hereafter acquired by the said Karol Osborna Anglin |
| ##################################### |
| 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 13th day of March 19 85 |
| In the presence of: |
| Alice C. Lauret South CARDEINA DEPARTMENT OF MENTAL HEALTH |
| alice E. Moore By: Stillely (Siller |
| Birector/Office Manager Patient Personal Affairs |
| (Mrs.) Beverly R. Black |

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