BOOK. 1 PAGE 880

STATE OF SOUTH CAROLINA

COUNTY OF MAY 3 0 1985

MAY 3 0 1985

SOUTH CAROLINA DEPARTMENT OF MENTAGE HEALTH STATEMENT OF MENTAGE HEALTH STATEME

NOTICE OF LIEN

TO WHOM IT MAY CONCERN:

Lience

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 22nd day of ________ 19 as ____.

In the presence of:

alice E. Moore

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Director/Office Manager

Patient Personal Affairs

(Mrs.) Beverly R. Black