STATE OF SOUTH CAROLINA 1 PAG 133 VOL COUNTY OF ____ GREENVILLE NOTICE OF LIEN SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH Claimant, William Donlawy, III 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 14th day of 19 83 upon all of the real and personal property of James William Donleyy, III for the expense incurred by the State of South Carolina in William Donlawy, III ___, the amount of said expense to the State as of the __3rd___day of April 19 87 being \$ 8,355.20 . This lien will also attach to any real or 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 lienee, at the regular rates charged therefor. Dated at Columbia, S. C. this 3rd day of April In the presence of: SOUTH CAROLINA DEPARTMENT/OF MENTAL HEALTH

Patient Personal Affairs -Patients Resources

(Mrs.) Beverly R. Black