1 PAGI 153 VOL STATE OF SOUTH CAROLINA GREENVILLE Donnie S. Ta Marsin **COUNTY OF** NOTICE OF LIEN SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH Claimant, Lience Semmel Dillard, #008-68-5018 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 31st day of 19 86 upon all of the real and personal property of Samuel Dillard 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 Served Dillard the amount of said expense to the State as of the 28th day 19 87 being \$ 1,080.00 . This lien will also attach to any real or personal property as may be hereafter acquired by the said ______ Samuel Dillard 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 28th day of 1987 In the presence of: SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH oragan 3 issil Director/Office Manager

Patient Personal Affairs

(Mrs.) Beverly R. Black

🚣 Patients Resources 🦠