STATE OF SOUTH CAROLINA

COUNTY OF __ GREENVILLE



VOL 1 PAG 338

NOTICE OF LIEN

SOUTH CAROLINA DEPARTMENT OF	MENTAL HEALTH Claimant,	
Frank Wesner, #008-80-8077 TO WHOM IT MAY CONCERN:	Lience	
YOU ARE HEREBY NOTIFIED that the Acts of the General Assembly of South C Carolina Department of Mental Health March 19 88 upon all of the	arolina for 1953, and any claims and has a lier	amendments thereto, the South from the <u>9th</u> day of
furnishing medical care and maintenance in a	for the expense incurred less that the state mental health faciliamount of said expense to	by the State of South Carolina in ity to the said
of		

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 14th day of November 19 88

In the presence of Moore

while the above-stated amount is unpaid.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Director/ Office Manager

Patient Personal Affairs

(Mrs.) Donna P. Thompson