1 PAGE 406 BOOK STATE OF SOUTH CAROLINA 251989 a GREENVILLE **Tankersley** COUNTY OF. NOTICE OF LIEN SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH Claimant. Karen V. Kittredge #888-5172 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 10th day of March __ upon all of the real and personal property of ____Karen_V.__ Kittredge _ 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 ___Karen_V. Kittredge _, the amount of said expense to the State as of the __19th_day ____, being \$ __3.685.00 _____. This lien will also attach to any real or 19 89 personal property as may be hereafter acquired by the said ___Karen_V. Kittredge_ 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 19th day of July 19 89 In the presence of: SOUTH CAROLINA DEPARTMENT OF MENTAL HEAVITH xxDirector/Office Manager Patient Personal Affairs Beverly R. Black

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