

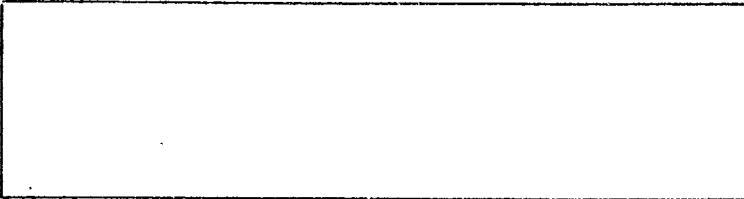
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

BOOK

1 PAGE 318

FOR MAINTENANCE AND MEDICAL CARE OF: **Frances Hill, #007-30-9749**

- | | | | |
|-------------------------------------|--|--------------------------|-------------------------------------|
| <input type="checkbox"/> | At S. C. State Hospital | <input type="checkbox"/> | C. M. Tucker Human Resources Center |
| <input checked="" type="checkbox"/> | At Crafts-Farrow State Hospital | <input type="checkbox"/> | Morris Village |
| <input type="checkbox"/> | At William S. Hall Psychiatric Institute | | |




AMENDED LIEN

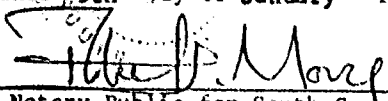
| | |
|---|-----------------|
| March 14, 1973 through December 31, 1973 @ \$6.00 per day | \$ 1,758.00 |
| January 1, 1974 through June 30, 1975 @ \$11.00 per day | 6,006.00 |
| July 1, 1975 through January 5, 1977 @ \$13.00 per day | <u>7,215.00</u> |
| | \$14,979.00 |
| Less amount paid | <u>8,770.58</u> |
| Balance due | \$ 6,208.42 |

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared **(Mrs.) Donna P. Thompson** who being duly sworn, says that ~~she~~ she is **Assistant Director, Patients Personal Affairs** of the State Department of Mental Health and that the above account is true of ~~her~~her own knowledge and that no part thereof has been paid by cash, discount or otherwise and that there is now due and owing the State Department of Mental Health the sum of **\$6,208.42** and that ~~she~~she is the proper officer to make this verification.



Sworn to and subscribed before me
by **Robert J. Morse**
this **5th** day of **January** 19 **77**.



Notary Public for South Carolina
My Commission Expires May 1, 1983
REV SEPT 76 F-50

Recorded January 7, 1977

18111