

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. BOX 485  
COLUMBIA, SOUTH CAROLINA 29202

FOR MAINTENANCE AND MEDICAL CARE OF: JAMES A. OWENS  
#008-31-7613

BOOK

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AT SOUTH CAROLINA STATE HOSPITAL

OCTOBER 24, 1983	THROUGH	OCTOBER 28, 1983	@	\$45.00 PER DAY	\$	180.00
OCTOBER 28, 1983	THROUGH	JUNE 30, 1984	@	\$25.00 PER DAY		6,175.00
JULY 01, 1984	THROUGH	JANUARY 28, 1985	@	\$40.00 PER DAY		8,440.00
					\$	14,795.00
				LESS AMOUNT PAID		8,149.12
				BALANCE DUE	\$	6,645.88

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

BEFORE ME PERSONALLY APPEARED (MRS.) BEVERLY R. BLACK WHO BEING DULY SWORN, SAYS THAT SHE IS OFFICE MANAGER, PATIENTS PERSONAL AFFAIRS OF THE STATE DEPARTMENT OF MENTAL HEALTH AND THAT THE ABOVE ACCOUNT IS TRUE OF HER OWN KNOWLEDGE AND THAT NO PART THEREOF HAS BEEN PAID BY CASH, DISCOUNT OR OTHERWISE AND THAT AS OF 03/18/85 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$6,645.88 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

*Beverly R. Black*

SWORN TO AND SUBSCRIBED BEFORE ME  
LYNDA ELDER FERGUSON  
THIS 20TH DAY OF MARCH 1985

*Lynnda Elder Ferguson*  
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded March 26, 1985 at 10:00 A/M

28215