

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

FOR MAINTENANCE AND MEDICAL CARE OF: LOLA P. DAY  
 #008-50-8585

AT CRAFTS-FARROW STATE HOSPITAL

BOOK

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DECEMBER 19, 1985 THROUGH	JANUARY 24, 1986 @	\$40.00 PER DAY	\$	1,440.00
APRIL 07, 1986 THROUGH	APRIL 21, 1986 @	\$40.00 PER DAY		560.00
				<hr/>
	LESS AMOUNT PAID			2,000.00
				0.00
	BALANCE DUE			<hr/>
				2,000.00

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 05/02/86 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$2,000.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

*Beverly R Black*

SWORN TO AND SUBSCRIBED BEFORE ME  
 LYNDIA ELDER FERGUSON  
 THIS 02ND DAY OF MAY 1986

*Lyndia Elder Ferguson*  
 NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded May 7, 1986 at 2:00 P/M

**36746**