

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

FOR MAINTENANCE AND MEDICAL CARE OF: SARA B. COLEMAN
#008-30-8067

AT CRAFTS-FARROW STATE HOSPITAL

BOOK

1 PAGE/024

FEBRUARY 17, 1983 THROUGH AUGUST 19, 1983 @ \$25.00 PER DAY \$ 4,575.00
LESS AMOUNT PAID \$ 4,575.00
BALANCE DUE \$ 1,496.38
\$ 3,078.62

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

BEFORE ME PERSONALLY APPEARED (MRS.) DONNA P. THOMPSON WHO BEING DULY SWORN, SAYS THAT SHE IS DIRECTOR, 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 08/15/86 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$3,078.62 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 15TH DAY OF AUGUST 1986

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

Donna P. Thompson
MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded Aug 10, 1986 at 2:00 P/M

7110