

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

1 PAGE 854

FOR MAINTENANCE AND MEDICAL CARE OF: KAROL ANGLIN
#008-40-1026
AT SOUTH CAROLINA STATE HOSPITAL

OCTOBER 17, 1984 THROUGH	OCTOBER 29, 1984 @ \$40.00 PER DAY	\$	480.00
	LESS AMOUNT PAID	\$	480.00
	BALANCE DUE	\$	0.00
		\$	480.00

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 03/13/85 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$480.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

Beverly R. Black

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 13TH DAY OF MARCH 1985

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded March 21, 1985 at 9:30 A/M

27687