

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

FOR MAINTENANCE AND MEDICAL CARE OF: IVY M. NORRIS
#008-50-8509

BOOK

1 PAGE 1001

AT CRAFTS-FARROW STATE HOSPITAL

| | | | | |
|---------------------------|--------------------|------------------|----|----------|
| NOVEMBER 01, 1985 THROUGH | JANUARY 25, 1986 @ | \$40.00 PER DAY | \$ | 3,400.00 |
| JANUARY 27, 1986 THROUGH | JANUARY 27, 1986 @ | \$40.00 PER DAY | ? | 0.00 |
| | | | \$ | 3,400.00 |
| | | LESS AMOUNT PAID | | 1,480.00 |
| | | BALANCE DUE | \$ | 1,920.00 |

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 06/25/86 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$1,920.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 25TH DAY OF JUNE 1986

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

Beverly R. Black
MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded July 2, 1986 at 12:00 P/M

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