

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

FOR MAINTENANCE AND MEDICAL CARE OF: LILLIE M. BRIDGES
#008-40-8465

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AT CRAFTS-FARM STATE HOSPITAL

JULY 31, 1964	THROUGH	SEPTEMBER 13, 1964	@	\$60.00 PER MO.	\$	87.94
AUGUST 07, 1967	THROUGH	AUGUST 31, 1967	@	\$90.00 PER MO.		72.58
SEPTEMBER 01, 1967	THROUGH	SEPTEMBER 06, 1967	@	\$3.50 PER DAY		21.00
OCTOBER 10, 1967	THROUGH	JANUARY 03, 1968	@	\$3.50 PER DAY		301.00
APRIL 07, 1969	THROUGH	JULY 26, 1969	@	\$3.50 PER DAY		388.50
SEPTEMBER 22, 1969	THROUGH	DECEMBER 06, 1969	@	\$3.50 PER DAY		262.50
OCTOBER 19, 1984	THROUGH	DECEMBER 22, 1984	@	\$40.00 PER DAY		2,560.00
DECEMBER 29, 1984	THROUGH	JANUARY 30, 1985	@	\$40.00 PER DAY		1,280.00
JANUARY 30, 1985	THROUGH	FEBRUARY 15, 1985	@	\$55.00 PER DAY		880.00
FEBRUARY 15, 1985	THROUGH	JUNE 30, 1986	@	\$40.00 PER DAY		20,040.00
JULY 01, 1986	THROUGH	DECEMBER 22, 1986	@	\$45.00 PER DAY		7,830.00
					\$	33,723.52
LESS AMOUNT PAID.						13,393.58
BALANCE DUE					\$	20,329.94

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

BEFORE ME PERSONALLY APPEARED (MRS.) DEVERLY 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 01/07/87 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$20,329.94 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

Deverly R. Black

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 07TH DAY OF JANUARY 1987

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded Jan 12, 1987 at 10:30 A/M

29078