

**MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY
GUARANTEE OF PAYMENT**

FOR: _____

FOR AND IN CONSIDERATION of the Martha Franks Baptist Retirement Community accepting the above named applicant as a Resident therein, said Resident being a person for whom I/We have great love and affection and an accepted obligation to assist with support, I/We do herein agree to pay the applicable maintenance fee each month to the Center for providing care to Resident so long as he/she remains a Resident.

****Initial Here_____** The undersigned does hereby bind himself, his heirs, executors, administrators and assigns to promptly make such payment as the same should become due and payable, it being understood this amount is intended to cover the services outlined in the contract executed at the time of entry of the Resident and such expense shall be and constitute a valid and binding guarantee of payment of such expenses in the event Resident should become unable for any reason to meet the monthly maintenance fees on a timely basis. Should Resident become unable to meet the monthly expenses, Center shall notify the undersigned and the undersigned agrees to promptly make any necessary payments.

This document is executed by the undersigned to induce the Martha Franks Baptist Retirement Community to accept the above named individual as a Resident of the Center, said person being one for whom I/We have great love and affection and an accepted obligation of support. I/We acknowledge that good and valuable consideration has been given for the execution of this agreement and agree that it is a binding guarantee of payment.

The undersigned does further warrant and agree to indemnify and hold Martha Franks Baptist Retirement Community harmless from any costs, expenses or attorney's fees which may be incurred in the enforcement of this agreement.

**** Initial Here_____** I understand that not honoring this commitment to pay constitutes grounds for discharge of my loved one from Martha Franks Baptist Retirement Community.

Signature

Signature

Date: _____

SWORN to before me this _____ day of _____, 200 .

Notary Public for South Carolina
My Commission Expires: