

**Guaranty**

I guarantee that the resident will pay all payments and other sums due under this financial agreement when due, and that the resident will perform all other obligations as required by this agreement. I also agree that Moye's Long Term Care Pharmacy may make other arrangements with the resident, and I will still be responsible for the resident's payments and obligations under the agreement as amended. If the resident defaults under this agreement, I agree to immediately pay all amounts due without notice from Moye's Long Term Care Pharmacy of the resident's default, plus any attorney's fees and other cost. I agree that this guaranty continues until all payments under this financial agreement have been paid in full, and that the above paragraph regarding jurisdiction and governing law shall apply to me.

\_\_\_\_\_

Responsible Party's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date