

TEXAS DEPARTMENT OF INSURANCE
MC 305-2C P.O. Box 149104
Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

NOTICE OF LIEN

I, _____ an officer representing _____
(Name of Officer) (Name of Provider)
have filed for record, a written notice with the county of _____ a legal description of each
facility of the provider where the facility is located. The legal description of each facility located in the above
mentioned county is as follows:

I understand that _____ facility is subject to Chapter 246 of the Health
(Name of Provider)
and Safety Code and the hen provided by this section.

Signature of Officer

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me on the _____ day of _____ 19 _____.

Notary Seal

Signature of Notary

My Commission Expires: _____

Notary's Printed Name