

**Continuing care provider (CCP) – CCRC form 13**  
**Notice of lien**

► **Officer certification**

I, \_\_\_\_\_ an officer representing  
First name Last name

\_\_\_\_\_ have filed for record, a written notice with the  
Provider name

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 (enter description in the lines below):

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I understand that \_\_\_\_\_ facility is subject to  
Provider name

Chapter 246 of the Texas Health and Safety Code and the lien provided by this section.

\_\_\_\_\_  
Officer signature

\_\_\_\_\_  
Officer title

► **Notary certification**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary public signature

\_\_\_\_\_  
Notary printed name

My commission expires \_\_\_\_\_.

► **Instructions**

Email this completed form and any questions to [FAfilings@tdi.texas.gov](mailto:FAfilings@tdi.texas.gov).