

Monday, December 27, 2004, the Sabine County Commissioners' Court met in regular session. The following members of Court were present:

Jack Leath	County Judge
Keith Clark	Commissioner Pct. #1
Lynn Smith	Commissioner Pct. #2
Doyle Dickerson	Commissioner Pct. #3
Fayne Warner	Commissioner Pct. #4
Janice McDaniel	County Clerk

Judge Leath called the meeting to order and Commissioner Dickerson led the Court in prayer.

**Agenda item #1-General Business**

Commissioner Clark moved to approve the minutes as written for the December 6<sup>th</sup> special and December 13<sup>th</sup> regular sessions of Court.

Commissioner Smith seconded. All voted for. Motion carried.

**Agenda item #2-Line Item Transfers**

No transfers were submitted.

**Agenda item #4-Consider & Possibly Take Action on Trust Bids**

No bids were submitted.

**Agenda item #5-Carline Wilson with ETHAN Program to Give**

**Update**

Carline Wilson with the ETHAN (East Texas Health Access Network) program met with the Court to explain how the program works and the number of people from Sabine County that received their services in 2004. She said she sent in a request back in August asking the Court to help support the ETHAN program. The other Counties that are served by the ETHAN program have committed from \$1,000 to \$1,500.00 a year.

The ETHAN program covers Jasper, Newton, Sabine, Tyler and San Augustine Counties. The primary goal of the program is to help individuals find the services they need. Ms. Wilson said they currently have about 60 different agencies and providers that are members of their network. The main office is located in Jasper, Texas. They have an office at the Sabine County Hospital and are there 1 day a week on Mondays. See attached copies.

Judge Leath told Ms. Wilson that the agenda item is not worded so that the Court can take action today. We will have this on our next regular agenda and will take action at that time.

**Agenda item #6-Discuss & Take Action on Tri-County Community Action**

After discussion, Judge Leath moved to appoint Commissioner Clark to the Tri-County Community Action Board. Commissioner Smith seconded. All voted for. Motion carried.

Court recessed into the Public Hearing 9:00 a.m.

**Agenda item: Acceptance of Roads for County Maintenance in Brookhaven Subdivision**

Earl and Jean Harbert and Robert P. Byars are in Court for the public hearing.

Mr. Harbert, developer of Brookhaven Subdivision, stated at the last regular Court session that his intention is to dedicate the roads inside the subdivision to the County for County maintenance.

Mr. Byars told the Court that he was in disagreement until he talked with Commissioner Smith. He said if the roads are improved and maintained the way that Commissioner Smith told him, he has no objections.

Commissioner Smith said he wants it understood that if improvements were to be done to the existing road, then the property owners would have to pay the cost of the material. The amount of the cost will depend on whether green rock is used or the white rock.

Mr. Harbert and Mr. Byars both said they have no objections.

Back in regular session of Court under agenda item #7-Discuss & Take Action on Brookhaven Subdivision, Commissioner Smith moved to accept the roads inside Brookhaven subdivision as public roads with County maintenance. Commissioner Clark seconded. All voted for. Motion carried.

**Agenda item #3-Reports**

A report was submitted from the Treasurer.

**Agenda item #8-Pay Accounts and Salaries**

Accounts and salaries will be approved for payment at the Court meeting on Thursday, December 30, 2004.

Commissioner Warner moved to adjourn. Commissioner Dickerson seconded. Meeting adjourned.

Jack Leath JACK LEATH

Keith Clark KEITH CLARK

Lynn Smith LYNN SMITH

Doyle Dickerson DOYLE DICKERSON

Fayne Warner FAYNE WARNER

ATTEST: COUNTY CLERK

Janice McDaniel JANICE McDANIEL

### ETHAN Offices

ETHAN's main office, located in the City of Jasper, is open Monday through Friday, 8:00 a.m. to 5:00 p.m. The address is:

**Jasper County**  
117 W. Houston Street  
Jasper, Texas 75951  
Main Telephone Number: 409-384-2099  
Fax Number: 409-384-2211

ETHAN satellite offices are now open one day per week from 9:00 a.m. until 4:00 p.m. as listed below:

**Sabine County**                      **Monday**  
Sabine County Hospital, Room 196  
Highway 83, Hemphill, Texas

**Tyler County**                        **Tuesday**  
Tyler County Hospital, Room 106  
1100 W. Bluff St., Woodville, Texas

**Newton County**                      **Wednesday**  
Consolidated Healthcare Services, Inc.  
Courthouse Square, Newton, Texas  
(Next door to the Law Offices of Ed Tracy)

**San Augustine County**            **Thursday**  
San Augustine Learning Center, Room 31  
806 N. Clark St., San Augustine, Texas

These offices will serve as a clearinghouse for local resources and improve care navigation for county residents. All services available through the Network's main office in Jasper will be accessible through the satellite offices. Telephone calls to these offices route through the Network's main number (409) 384-2099.

### Communities that Care Award

In August 2003, the Network was 1 of 6 recipients in the State of Texas to receive the "Communities that Care" Award from the Texas Rural Health Association. This award recognizes community organizations that have gone that extra mile for its citizens by implementing a health care project that has made a difference for both the people and the community it serves.

### Network Meetings

The ETHAN Network meets monthly on the first Thursday of each month at 10:00 a.m. Everyone is welcome and encouraged to participate in these meetings. Guest speakers provide information about resources available within the Network's service area. Meetings are held in even months at Dickerson Memorial Hospital and in odd months at CHRISTUS Jasper Memorial Hospital in Jasper.

### Together We Can Achieve The Extraordinary

ETHAN is a 501(c)3 tax exempt organization funded through grants, community support and private donations.

# East Texas Health Access Network



*Serving Jasper,  
Newton, Sabine, Tyler  
and San Augustine  
Counties*

Vertical handwritten text: "see QR page 6"

## Who We Are -

The East Texas Health Access Network (ETHAN) is a non-profit, multi-county collaborative governed by a Board of Directors. Formed in 1999, in Tyler County as a single county initiative, ETHAN's service area was expanded in 2001 to include Jasper, Newton, Sabine and San Augustine counties.

Through the efforts of Network members, which include more than 60 consumers, area hospitals, community clinics, public health departments, social service agencies, educators, city and county officials, faith-based organizations and other safety net providers serving Jasper, Newton, Sabine, San Augustine and Tyler counties, the Network has experienced considerable success in responding holistically to the needs of area residents.

ETHAN supports its members and the residents of the counties it serves through its many programs and activities.

Membership in ETHAN is open to all who support its mission.

## Mission Statement

"The mission of the East Texas Health Access Network is to promote awareness of and increase access to quality of life services through collaboration and the creation of an integrated service approach."

## Programs & Accomplishments

**In-Services:** Since March 2001, the Network has hosted monthly in-services for consumers, providers, agency personnel and Network members aimed at identifying resources and increasing access to care.

**Information and Referral:** Since 2001, approximately 1,500 referrals have been made, resulting in medical and dental care, access to prescription medications, transportation, home repairs, and other services being received by more than 964 individuals.

**Medical Equipment Loaner Program:** Established in 2001 with a generous donation from The Jesse Tree of Galveston, this program provides uninsured and underinsured individuals with medical equipment and supplies at no cost to the individual or family. Program inventory includes hospital beds, walkers, wheelchairs, adult diapers, diabetic testing equipment and other items. To date 35 individuals have been provided with medical equipment or supplies.

**Community Health Education and Screening Program:** Since 2002, through the collaborative efforts of Network members, health education materials and free hypertension, diabetes and cholesterol screenings have been made available to approximately 4,500 individuals.

**God's Fan Club:** Established in 2002, in partnership with other community agencies, God's Fan Club provides cooling equipment to the elderly, homebound or the physically disabled that live without the means to cool their residences. To date 5 window air conditioning units and 10 box fans have been placed in the homes of county residents.

**Child Safety Seat Program:** Since 2003, through a partnership with the Texas Department of Health, Safe Rider Program, the Network has provided child safety seat classes and distributed approximately 80 free child safety seats to needy families in the Network's service area.

**RxMedConnection, Medication Assistance Program:** Established in 2004 has obtained free prescription medications for qualified individuals in the Network's service area having an approximate wholesale value of \$250,000

For a low monthly processing fee of \$15.00 per patient, RxMedConnection helps to link those with fixed incomes, low income, no health insurance or prescription drug coverage to pharmaceutical company's patient assistance programs. Over 2,500 medicines are available. The processing time to begin receiving medications is 6 - 8 weeks.

**Notice:** RxMedConnection's monthly fee does not include the processing fee that may be charged by local pharmacies for labeling these prescription medications.

**East Texas Health Access Network (ETHAN)**  
**RxMedConnection Medication Assistance Program Application Instructions**

P. O. BOX 974 \* JASPER, TEXAS 75951 \* (409) 384-2099

To be eligible for this program your gross annual household income must not exceed: \$26,000 - \$28,000 for a household of two; \$16,000 - \$19,000 for a household of one. Annual income requirements for Cancer and AIDS patients can go as high as \$60,000. Income qualifications may vary among pharmaceutical companies.

Persons interested in enrolling in this program must be uninsured for prescription drug coverage. Prescription drug coverage does not include drug discount cards, which pay less than 50% of the cost of the medicine.

RxMedConnection charges a \$15 per month processing fee per patient (not medication) for this service. **This monthly fee does not include the processing fee that may be charged by local pharmacies for labeling medications that are received unlabeled.**

**To enroll in the RxMedConnection Medication Assistance Program follow these simple steps:**

1. Complete both Part A (Basic Data and Financial Information) and Part B (Medical Provider's Information, Prescribed Medications, and Authorization to Release Patient Information) of the attached application form. You need only complete one form for all medications requested.
2. Mail your completed application form to ETHAN/RxMedConnection with the following:
  - A check or money order for the first month processing fee of \$15. On or about the 1<sup>st</sup> of each month you will receive a statement for \$15 as a reminder that the next payment is due.  
Note: Neither applications nor reorders will be processed until payment has been received.
  - A prescription for each medication (brand name only) that you wish to order. Prescriptions must be written for a ninety-day supply with three refills. Note: Patients are responsible for notifying the RxMedConnection program of any changes in their medications: how taken, medication strength, new medications and, or discontinued medications.

**Income verification, which may include one or more of the following:**

- Federal Income Tax Return from prior year with all attachments IF required to file.
  - Current Year Award Letter from Social Security (Call 1-800-772-1213 to obtain a copy)
  - Copy of any Retirement or Annuity check received by patient, spouse, or both.
  - If employed, 3 most current pay stubs or bank statements if direct deposited.
  - Copy of Patient's Social Security and Medicare card.
3. Your physician's cooperation is required to sign prescription assistance applications. RxMed Connection will mail your physician the appropriate application forms to sign. Once signed, your physician returns the applications to RxMedConnection for processing. Medications are generally received within 6 - 8 weeks of mailing the initial applications. Note: The East Texas Health Access Network (ETHAN) cannot guarantee the shipment date of medications ordered through the RxMedConnection Medication Assistance Program. Patients are responsible for maintaining an adequate supply of medications at all times and at their own expense.
  4. If the pharmaceutical company approves your application, your medication will be sent directly to your physician (some manufacturers may ship directly to the patient). Note: Patients are responsible for notifying the RxMedConnection Medication Assistance Program when medications are received. Failure to provide this information can result in a delay in future medication shipments.

Have questions? Not sure if you qualify? Call the network office at (409) 384-2099, our staff is always happy to answer your questions. If you are determined to be ineligible to participate in this program you will be given a full refund.

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# East Texas Health Access Network (ETHAN)

## RxMedConnection Medication Assistance Program Application

**Instructions:**

Date of Application: \_\_\_\_\_

1. Complete Parts A and B. Patient and witness must sign the form.
2. Send in initial enrollment fee of \$15.00 by check or money order. A \$15 per month processing fee will be due on the 1<sup>st</sup> day of each month thereafter, by check or money order.
3. Send in proof of income (a bank statement, W2s, pay stubs, Social Security Benefit Statement, Income Tax Return with all attachments, etc.). Please include proof of income for ALL adults living in the household, whether applying or not. Your gross annual household income must not exceed: \$26,000 - \$28,000 for a household of two; \$16,000 - \$19,000 for a household of one. Annual income requirements for Cancer and AIDS patients can go as high as \$60,000. Income qualifications may vary among pharmaceutical companies.
4. Send in a written prescription for a ninety-day supply of each of your medications (brand name only) with three refills.
5. Mail application, prescriptions, enrollment fee, proof of income and a copy of your Medicare card (if applicable) to:

ETHAN/RxMedConnection  
P. O. Box 974  
Jasper, Texas 75951

**Note:** If you have prescription insurance coverage that pays 50% or more of the cost of medications you MAY NOT qualify for this program. Example: VA Benefits, Private Insurance.

**Part A - Patient Information:**

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

An Armed Services Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married: \_\_\_ Single: \_\_\_ Widow: \_\_\_ Divorced: \_\_\_ How many people in the household? \_\_\_\_\_

If married, Spouse's Name and Social Security Number: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

<u>Sources of Income</u>	Yours	Spouse	<u>Assets</u>	Yours	Spouse
Wages	\$ _____	\$ _____	Checking Account	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	Savings Account	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	Real Estate	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Supplemental SS	\$ _____	\$ _____	<u>Expenses</u>	Yours	Spouse
Unemployment	\$ _____	\$ _____	Medical Costs	\$ _____	\$ _____
Disability	\$ _____	\$ _____	Dental Costs	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	Vision Costs	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	Prescription Costs	\$ _____	\$ _____
Other	\$ _____	\$ _____	Health Ins. Costs including Medicare Premiums	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____

**Prescription Coverage**  
Any Prescription Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you have any prescription insurance coverage of \_\_\_\_\_

**Medical Insurance** Vet QQ Pg 9  
Insurance Company Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

ANY kind other than discount drug cards (including Medicaid or Veteran Benefits) you WILL NOT qualify. | Policy Number: \_\_\_\_\_  
 Have you ever applied for free prescription medicines through any other program? Yes \_\_\_ No \_\_\_ | Do you have Medicare? Yes \_\_\_ No \_\_\_  
 If yes, indicate name of program and last time medication was received? \_\_\_\_\_ | Do you have Medicaid? Yes \_\_\_ No \_\_\_  
 | Have you been denied for Medicaid? Yes \_\_\_ No \_\_\_  
 | If yes, please send a copy denial letter (required by the pharmaceutical companies).

**Other Information**

Do you have drug allergies? Yes \_\_\_ No \_\_\_, If so, please list \_\_\_\_\_  
 What medical conditions are you being treated for? \_\_\_\_\_

**Part B - Healthcare Provider's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



	Drug Name	Strength	Dosage (How Taken)	
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

If you have more than one physician, please use a separate sheet for each physician. List the physician's information and the medications that he/she prescribes. Include the drug name, strength and how taken for each medication.

The RxMedConnection Medication Assistance Program of the East Texas Health Access Network participates in the patient assistance programs of various pharmaceutical manufacturers. These programs offer medications to low-income persons and persons without prescription coverage who meet certain criteria. The manufacturers often require personal, diagnostic and financial information as part of the application process. ETHAN requests your signature on the application to access and provide the manufacturer's the required medical/financial information and to sign any and all application forms as your agent.

By signing this form, you authorize ETHAN, its staff or agents to act as your agent and to sign any and all forms and applications on your behalf. You also authorize ETHAN, its staff or agents to access and release any personal, diagnostic and financial information requested that relates to the manufacturer's application process for pharmaceutical assistance programs. By signing this application, you authorize ETHAN, its staff or agents to sign any and all HIPAA forms on your behalf. You also attest that the information you have provided is true and factual.

Patient or Legal Representative Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>HELP Health Equipment Loaner Program;</b> includes hospital beds, wheelchairs, walkers, shower chairs, etc. which are loaned to individuals at no cost.	5	Cumulative Total	\$660.00
<b>Health Related Supplies;</b> includes diabetic test strips, diabetic testing equipment and supplies, adult diapers, nutritional supplements, etc. provided to individuals at no cost.	13	Cumulative Total	\$996.89
<b>Primary Health Care Referrals</b> – Uninsured individuals are provided referral for enrollment in existing programs providing primary care services at no cost or reduce cost.	5	Annual National Average per Individual for Non-Diabetic Health Care Spending \$2,560.00	\$12,800.00
<b>Prescription Assistance</b> – RxMedConnection provides assistance obtaining free medication through pharmaceutical manufacturer's patient assistance programs. \$15 per month processing fee charged.	34	Average Wholesale Price  Average Retail Cost \$87,269.58	\$64,644.13

via Q&Q Poll



FEES COLLECTED IN NOVEMBER, 2004

JEFF COX, JUSTICE OF THE PEACE, PRECINCT #1, PLACE #1	1,227.08
STEVE MILLER, JUSTICE OF THE PEACE PRECINCT #2, PLACE #1	1,822.35
TANYA WALKER, DISTRICT CLERK	4,922.30
JANICE MCDANIEL, COUNTY CLERK	8,465.01

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**FINANCIAL REPORT**  
December 29, 2004

FUND	BALANCE 11/19/04	RECEIPTS	DISBURSEMENTS	BALANCE 12/29/04
GENERAL	877,324.34	365,411.25	323,641.12	919,094.47
COMPENSATION TO VICTIMS OF CRIME	10.00	0.00	0.00	10.00
ARREST FEES	741.01	385.30	0.00	1,126.31
CIVIL LEGAL SERVICES INDIGENT	69.00	74.00	3.45	139.55
TIME PAYMENT	316.75	160.00	0.00	476.75
CHILD SAFETY SEAT VIOLATIONS	116.50	0.00	0.00	116.50
BAIL BOND FEE	144.00	75.00	9.00	210.00
STATE TRAFFIC FEE	738.67	1,166.77	36.93	1,868.51
LICENSE AND WEIGHT FINES	183.50	0.00	0.00	183.50
DISTRICT CLERK STATE FEES	986.00	675.05	0.00	1,661.05
CCC 01/01/04 FORWARD	2,192.73	2,520.35	219.27	4,493.81
CCC 09/01/01 THRU 12/31/03	378.16	153.00	37.81	493.35
CCC 08/31/99 THRU 08/31/01	64.25	0.00	6.42	57.83
CCC 09/01/97 THRU 08/30/99	28.00	181.00	2.80	206.20
CCC 09/01/95 THRU 09/01/97	0.00	0.00	0.00	0.00
CCC 09/01/91 THRU 08/31/95	0.00	0.00	0.00	0.00
EMS TRAUMA FUND	100.00	166.50	10.00	256.50
DNA TESTING	0.00	0.00	0.00	0.00
FAILURE TO APPEAR	193.56	20.00	0.00	213.56
OMNI FEE	64.06	6.00	12.00	58.06
RECORD MANAGEMENT FEE	31,200.68	232.00	0.00	31,432.68
COURTHOUSE SECURITY	36,321.19	473.18	0.00	36,794.37
LIBRARY	15,779.18	470.00	365.00	15,884.18
JUSTICE COURT TECH FUND	874.88	176.23	0.00	1,051.11
BALANCE AS OF 12/29/04				1,015,828.29

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**FINANCIAL REPORT**  
December 29, 2004

<b>FUND</b>	<b>BALANCE 11/19/04</b>	<b>RECEIPTS</b>	<b>DISBURSEMENTS</b>	<b>BALANCE 12/29/04</b>
ROAD & BRIDGE #1	209,671.49	4,338.11	24,192.36	189,817.24
ROAD & BRIDGE #2	230,582.50	4,129.12	24,668.97	210,042.65
ROAD & BRIDGE #3	171,357.60	3,973.09	29,323.24	146,007.45
ROAD & BRIDGE #4	166,905.15	4,942.46	23,496.86	148,350.75
ROAD & BRIDGE SPECIAL #1	5,113.33	0.00	102.71	5,010.62
ROAD & BRIDGE SPECIAL #2	3,378.74	0.00	1,489.27	1,889.47
BALANCE AS OF 12/29/04				701,118.18

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**FINANCIAL REPORT**  
December 29, 2004

FUND	BALANCE 11/19/04	RECEIPTS	DISBURSEMENTS	BALANCE 12/29/04
RECORD RETENTIONS	39,073.38	1,183.49	2,250.36	38,006.51
HOTEL/MOTEL TAX	75,680.08	1,053.79	0.00	76,733.87
SABINE COUNTY WATER SYSTEM IMPROVEMENTS	0.00	0.00	0.00	0.00
SABINE COUNTY EMS	9,899.14	0.00	0.00	9,899.14
SABINE COUNTY FIRST TIME WATER SERVICE	0.00	0.00	0.00	0.00
SABINE COUNTY FSM SPECIAL PROJECTS	91,055.90	0.00	3,750.00	87,305.90
DISTRICT CLERK SPECIAL REVENUE	2,619.98	107.93	0.00	2,727.91
SABINE COUNTY CONVENTION AND VISITORS BUREAU	11,564.50	0.00	4,345.65	7,218.85
SABINE COUNTY CONVENTION CENTER BUILDING FUND	132,811.78	272.16	0.00	133,083.94
SABINE COUNTY CLERK RECORDS ARCHIVE FEE	11,897.47	958.18	0.00	12,855.65
SABINE COUNTY WATER SYSTEM IMPROV. #722941	0.00	11,186.00	11,186.00	0.00

*WJ* QQ # 16

**Public Notice**

A public hearing is scheduled for December 27<sup>th</sup> at 9:00 a.m. in the Commissioners' Courtroom concerning the acceptance of roads inside Brooke Haven Subdivision as public roads with County maintenance. Anyone wishing to speak on this subject should complete a public participation form before 9:00 a.m. on December 27<sup>th</sup> and present it to the County Clerk.

**Janice McDaniel**  
**Sabine County Clerk**

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We the undersigned, are the owners of Lots 1 and 2 in the Brookhaven Subdivision, Sabine County, Texas, would like for Sabine County to take over Brooke Lane. This would make Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookhaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

Mary Burks  
Mary Burks

Roger Burks  
Roger Burks

10-11-04  
Date

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We the undersigned, are the owners of Lot 3 in the Brookehaven Subdivision, Sabine County, Texas, would like for County to take over Brooke Lane. Making Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookehaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

Mary E. Gennuso  
Mary E. Gennuso

Lenisa Ann Janssens  
Lenisa Ann Janssens

9/8/04

Date

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We the undersigned, are the owners of Lot 4 in the Brookehaven Subdivision, Sabine County, Texas, would like for County to take over Brooke Lane. Making Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookehaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

Mary E. Gennuso  
Mary E. Gennuso

Kashia Lynn Askew  
Kashia Lynn Askew

9-8-04

Date

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We the undersigned, are the owners of Lot 8 in the Brookehaven Subdivision, Sabine County, Texas, would like for Sabine County to take over Brooke Lane. This would make Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookehaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

Donna Stanley  
Donna Stanley

Henry Stanley  
Henry Stanley

8/15/04  
Date

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We the undersigned, are the owners of Lot 9 in the Brookehaven Subdivision, Sabine County, Texas, would like for Sabine County to take over Brooke Lane. This would make Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookehaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

*Gail Anderson*

Gail Anderson

*George Anderson*

George Anderson

*8.14.04*

Date

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We the undersigned, are the owners of Lot 10 in the Brookehaven Subdivision, Sabine County, Texas, would like for Sabine County to take over Brooke Lane. This would make Brooke Lane a county road that Sabine County will maintain. We understand that the owners in Brookehaven Subdivision will need to do some improvements to Brooke Lane before Sabine County will take it over.

Zara Gene Harbert  
Zara Gene Harbert

Earl F. Harbert, Sr.  
Earl F. Harbert, Sr.

9/10/04  
Date

The State Of Texas  
County Of Sabine

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND DULY RECORDED IN THE COMMISSIONER'S COURT MINUTES OF SABINE COUNTY, TEXAS



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JANICE MEDARTEL COUNTY CLERK  
BY Pam Cavender  
Deputy

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