

From: "Cindy Rude" <CRude@calhouncountymi.gov>
To: <courtformsinfo@courts.mi.gov>
Date: 8/10/2009 1:40 PM
Subject: PCM 211, Notice of Hospitalization and Certificate of Service

A request is made to include the name of the hospital on this form. We concur.

Respectfully,

Cindy K. Rude
Calhoun County Probate Register
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