

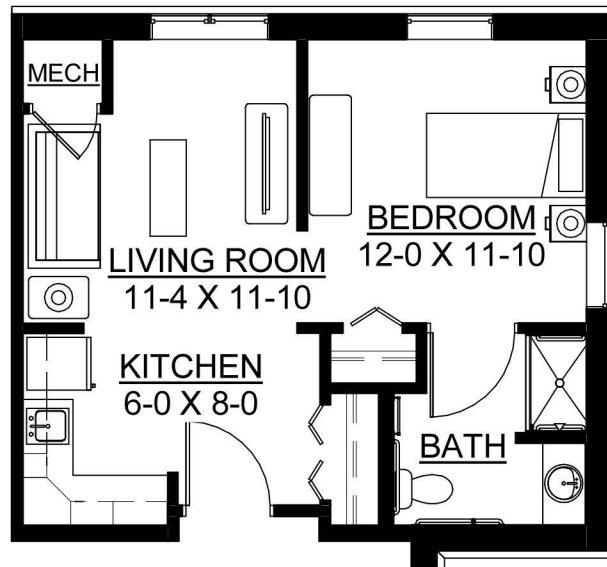
Date _____ Residence _____ By _____

One Time Community Fee Monthly Fee 2nd Person Fee Other Total Monthly Fee

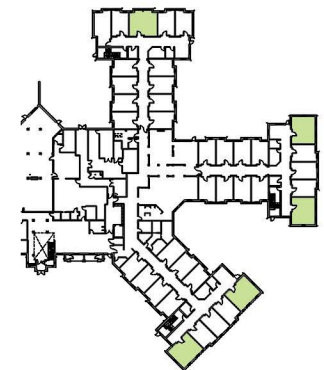
LEIX
MEMORY CARE
PRIVATE STUDIO

516 SF

138, 152, 160, 168,
176



RESIDENCE LOCATOR:



1ST FLOOR