

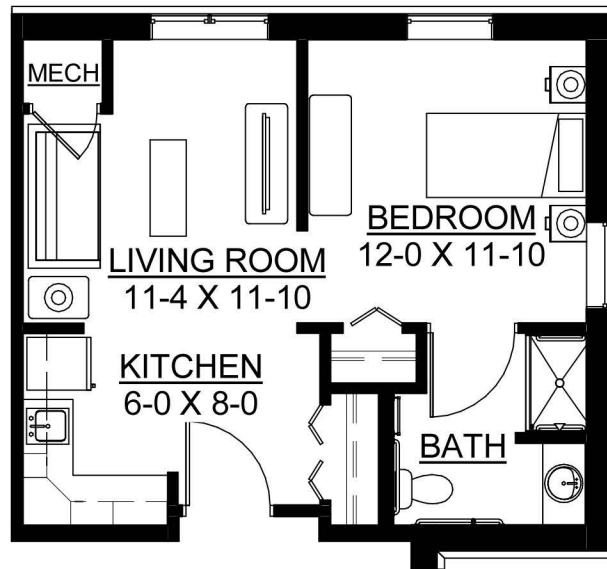
Date \_\_\_\_\_ Residence \_\_\_\_\_ By \_\_\_\_\_

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

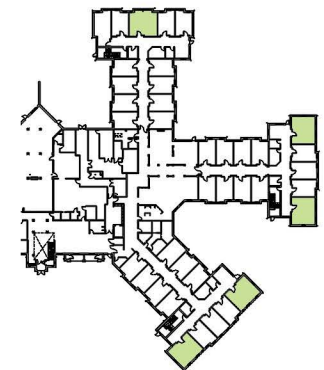
**LEIX**  
MEMORY CARE  
**PRIVATE STUDIO**

516 SF

138, 152, 160, 168,  
176



RESIDENCE LOCATOR:



1ST FLOOR