

Date _____ Residence _____ By _____

One Time Community Fee

Monthly Fee

2nd Person Fee

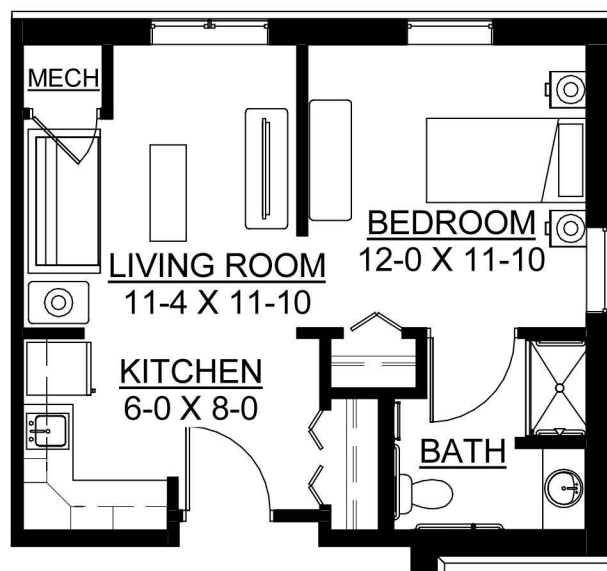
Other

Total Monthly Fee

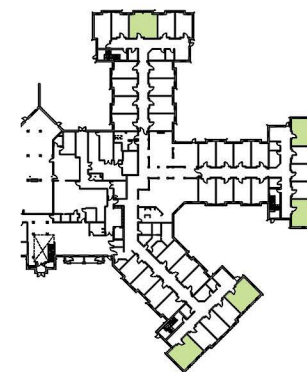
LEIX
MEMORY CARE
PRIVATE STUDIO

516 SF

138, 152, 160, 168,
176



RESIDENCE LOCATOR:



1ST FLOOR