

Date _____ Residence _____ By _____

One Time Community Fee

Monthly Fee

2nd Person Fee

Other

Total Monthly Fee

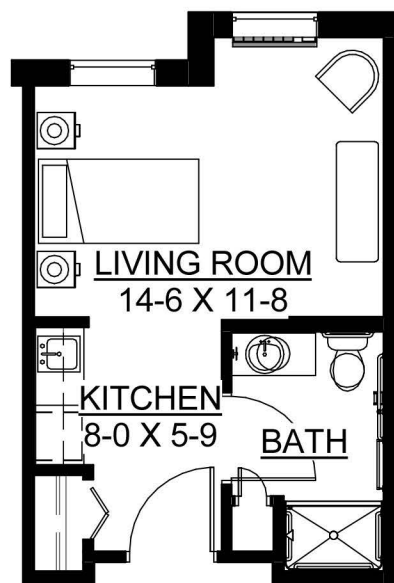
VERNER

MEMORY CARE

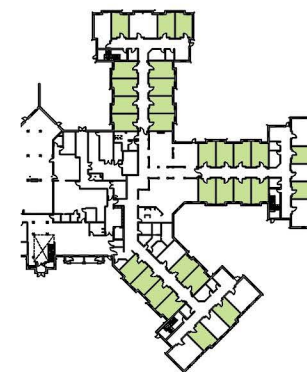
PRIVATE STUDIO

331 SF

126, 127, 128, 129,
130, 131, 132, 133,
136, 140, 142, 143,
144, 145, 146, 147,
148, 149, 150, 154,
158, 161, 163, 164,
165, 166, 167, 170,
174



RESIDENCE LOCATOR:



1ST FLOOR