

ASSISTED LIVING

TOWN

I BEDROOM DELUXE

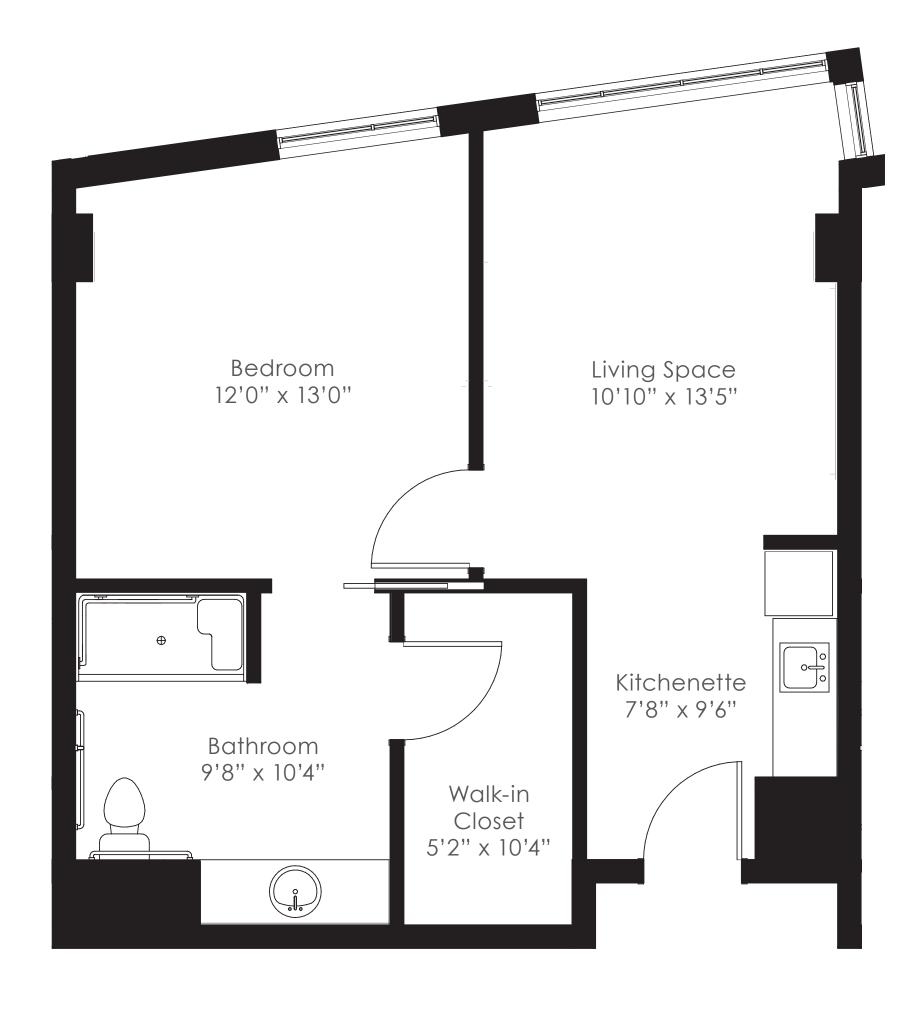
APARTMENT #3215

FLOOR: 3

STYLE: A

SQUARE FOOTAGE: 528

#3215



Residence Number: ______

Date: _____

Total Monthly Fee: \$_____

Prepared By: _

 Managed by Life Care Services®





4240





ASSISTED LIVING

VILLAGE

1 BEDROOM

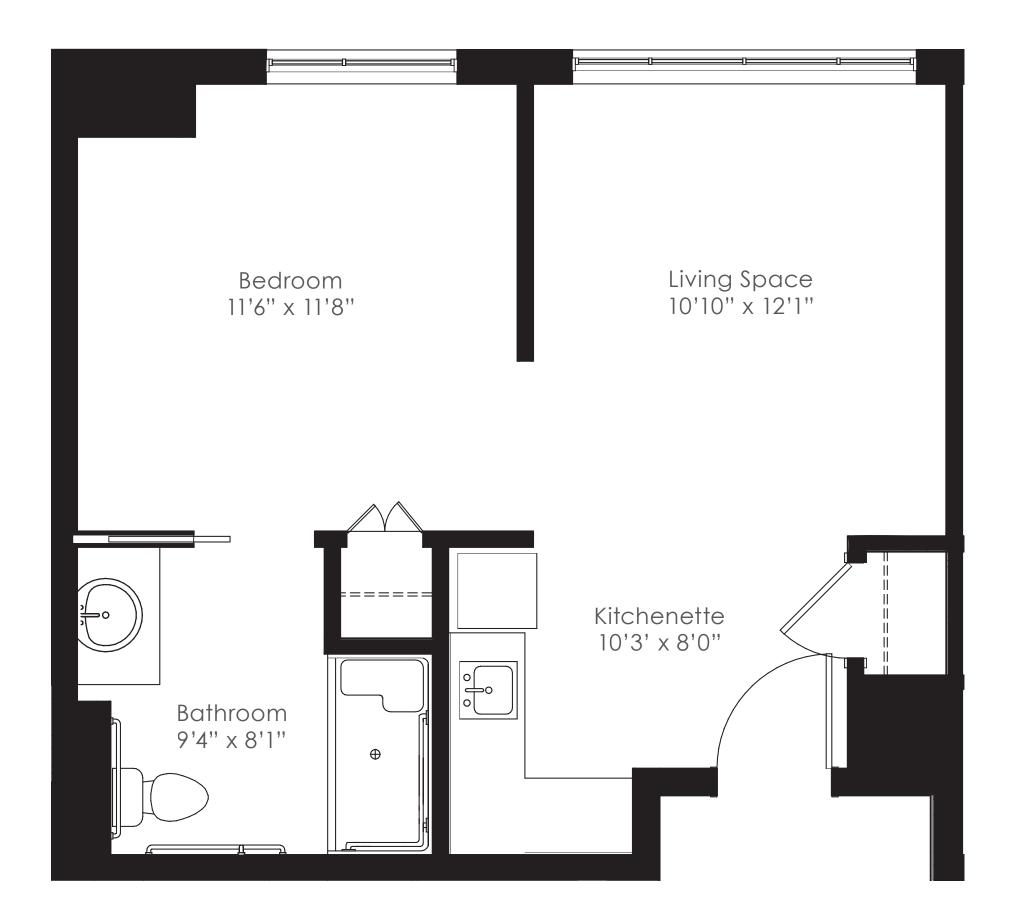
APARTMENT #4207

FLOOR: 4

STYLE: C

SQUARE FOOTAGE: 311

#4207



Residence Number: ______

Date: _____

Total Monthly Fee: \$_____

Prepared By: _

 Managed by Life Care Services®

GATES & 4240

DICKSON





ASSISTED LIVING

VILLAGE 2 BEDROOM

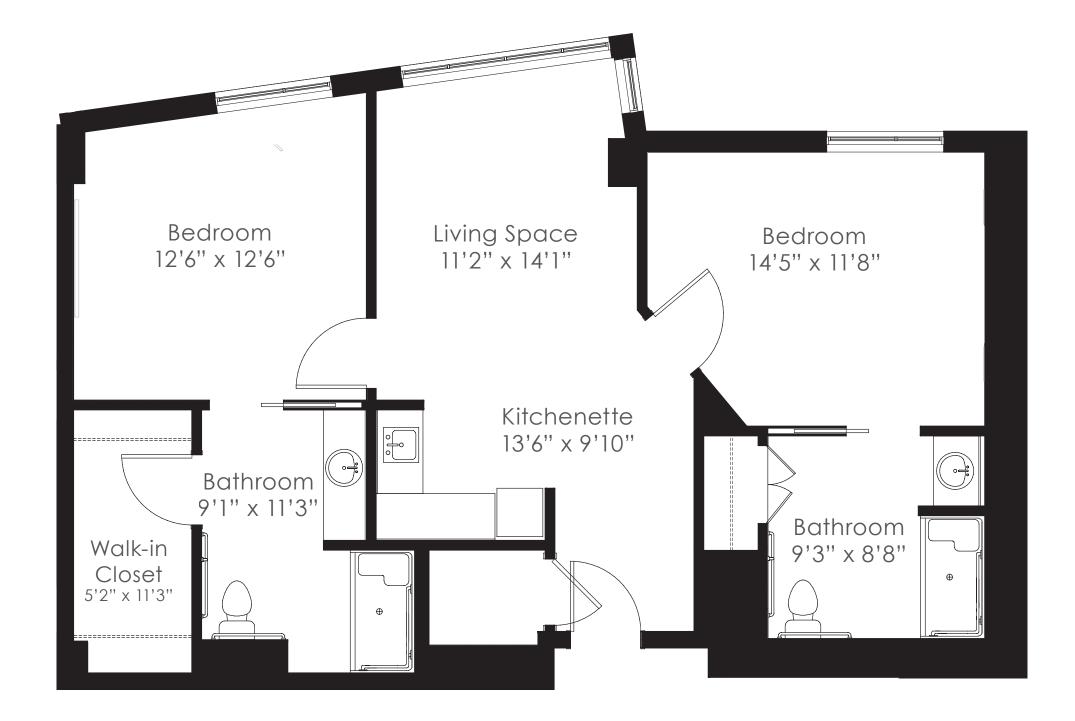
APARTMENT #5201

FLOOR: 5

STYLE: B

SQUARE FOOTAGE: 879

#5201



Residence Number: _____ Date:

Total Monthly Fee: \$_____

Prepared By: _

Monthly Fee: \$ 2nd Person Fee: \$_ Enriched Services Level: \$_____ Managed by Life Care Services®





4240

