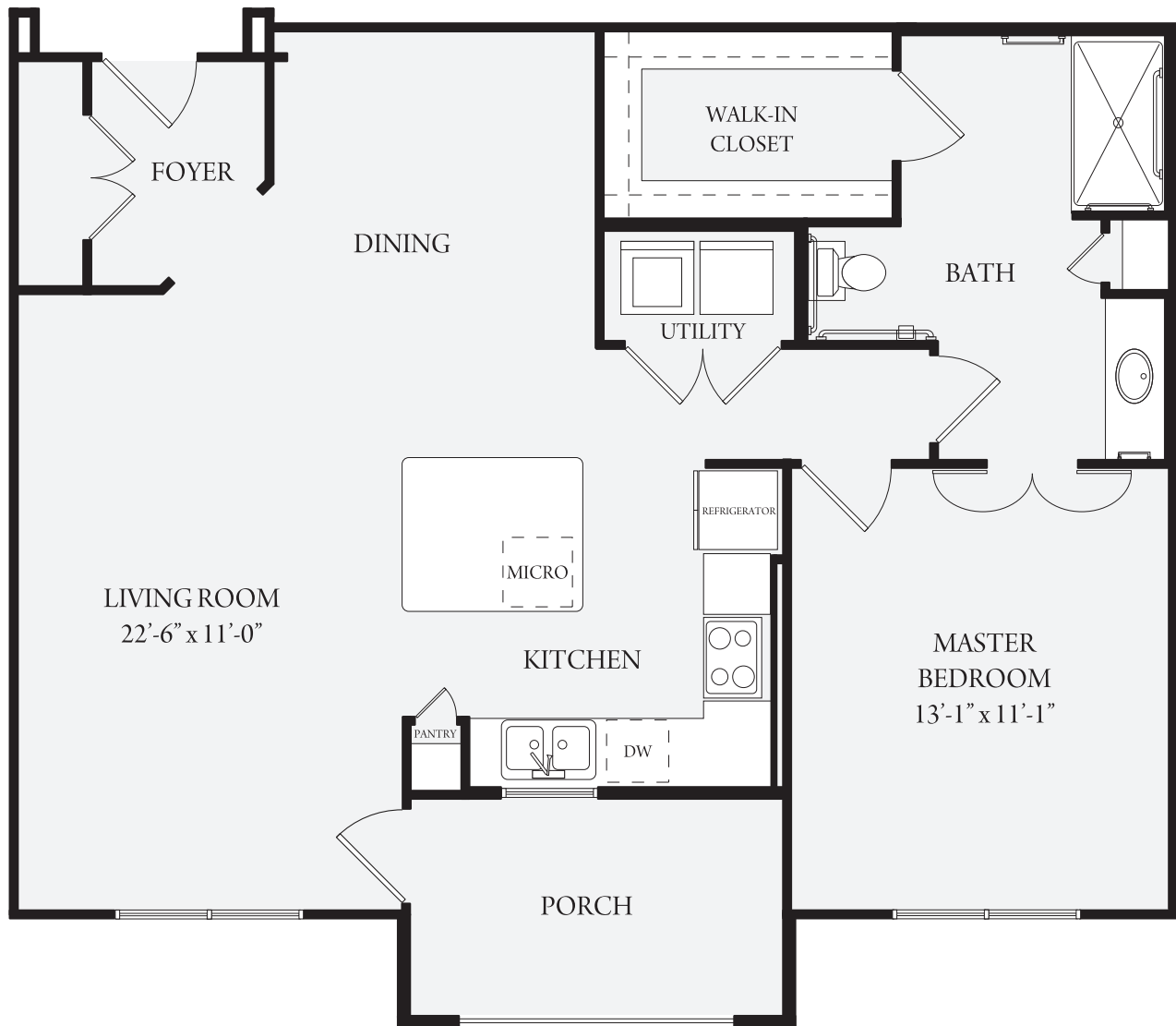




Community Fee: _____ **Monthly Fee:** _____

Customized Care Package: _____

This sheet is for illustrative purposes only. Floor plans and standard features may vary according to style selected and are subject to change.



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