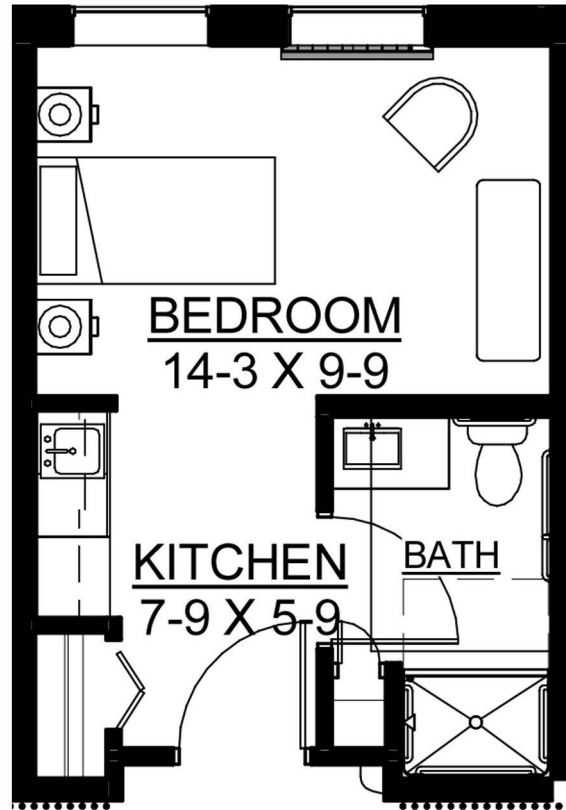


ALBERTSON
MEMORY CARE
PRIVATE STUDIO

309 SF



Date _____ Residence _____ By _____

One Time Community Fee Monthly Fee 2nd Person Fee Other

Total Monthly Fee

RESIDENCE LOCATOR:



1ST FLOOR