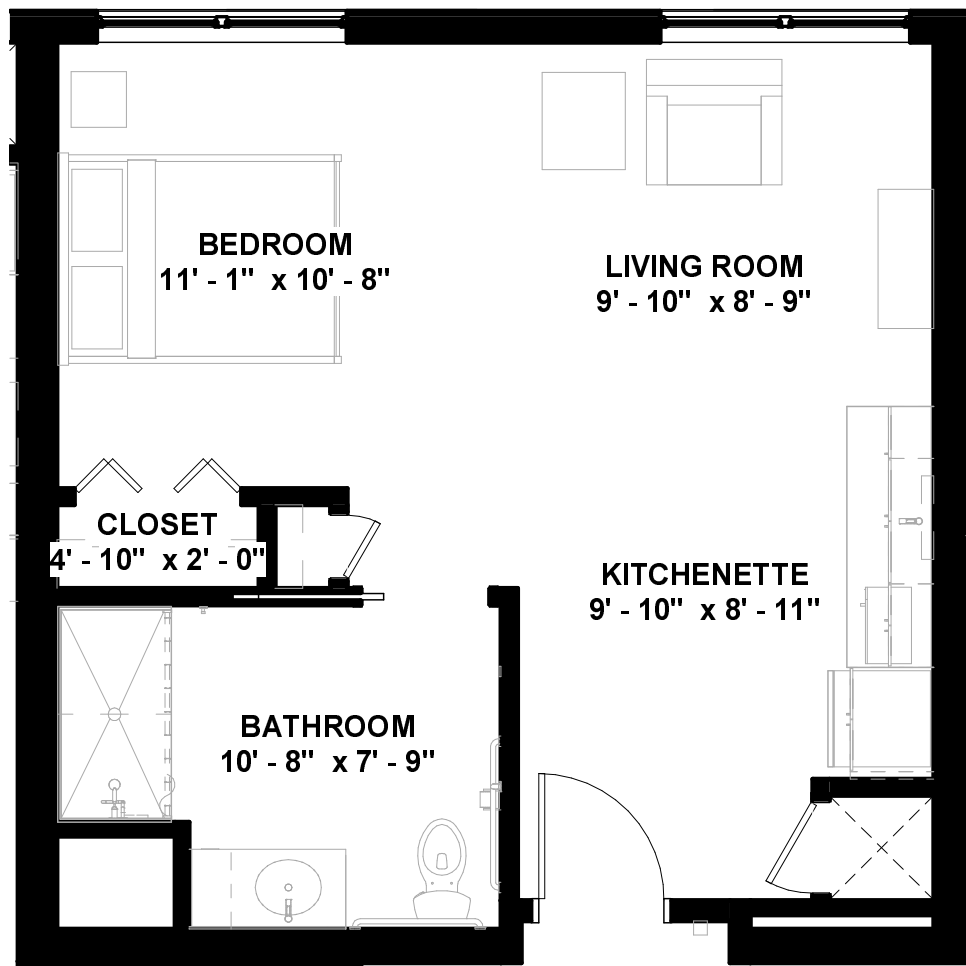


# Marigold

484 SQ FT

STUDIO

1 BATHROOM



DATE \_\_\_\_\_ RESIDENCE NUMBER \_\_\_\_\_ PREPARED BY \_\_\_\_\_

ONE TIME COMMUNITY FEE	MONTHLY FEE	2 <sup>ND</sup> PERSON FEE	LEVEL OF CARE	OTHER	TOTAL MONTHLY FEE
\$	\$	\$	\$	\$	\$

Floor plan not shown to scale. Window placement may vary.