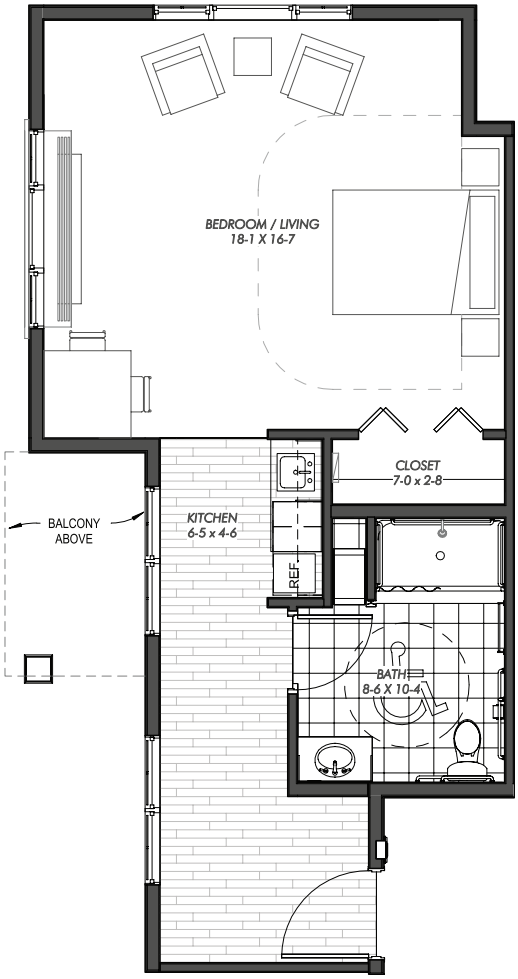
Willow Creek

STUDIO | 613 SQ. FT.



DATE _____ RESIDENCE NUMBER _____ PREPARED BY _____

ONE-TIME COMMUNITY FEE

$ _____

MONTHLY FEE

$ _____

ESTIMATED LEVEL OF CARE*

$ _____

OTHER

$ _____

TOTAL MONTHLY FEE

$ _____

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