

STATEMENT OF FINANCIAL RESPONSIBILITY

Michael Bishop ("Guarantor" or "you") and Brookdale Senior Living Communities, Inc. d/b/a Brookdale Delta MC (MI) (the "Company," "us," "we" or "our"), agree as follows:

The Resident named in the attached Residency Agreement desires to live at the Community and we are willing to enter into the Residency Agreement if the Resident has an individual who is willing to fulfill the conditions of this Statement of Financial Responsibility; and

In consideration for our accepting the Resident into the Community, you agree to fulfill the provisions of this Statement of Financial Responsibility, if and as necessary.

Therefore, in consideration of the mutual covenants contained in this Statement of Financial Responsibility, the parties agree as follows:

I. PERSONAL ASSISTANCE. In the event the condition of the Resident requires such assistance, and upon our request, you will assist Resident or legally responsible person, as necessary by:

- A. Participating with our associates in evaluating Resident's needs and in planning and implementing an appropriate plan for Resident's care;
- B. Maintaining Resident's welfare and fulfilling Resident's obligations under the Residency Agreement;
- C. Relocating Resident following termination and removing the Resident's property;
- D. Transferring Resident to a hospital, nursing home, or other facility in the event that Resident requires care we do not offer;
- E. Making necessary arrangements for funeral services and burial in the event of death.

II. FINANCIAL RESPONSIBILITY. If Resident fails to make payments due to us under the Residency Agreement, you agree to pay us such amounts within thirty (30) days of receiving written notice of nonpayment.

III. REVIEW OF RESIDENCY AGREEMENT. You acknowledge that you have received and reviewed a copy of the Residency Agreement, and have had an opportunity to ask questions.

BY THEIR SIGNATURES, the parties have executed this Agreement to be effective as of January 01, 2023.

376-88-8095

B210603040067

Guarantor	SSN	D.L.No.	Date
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(Should be signed by someone who is not the Resident)

For Company	Title	Date
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SEND NOTICES TO GUARANTOR AT:

Address: Michael Bishop 8607 Carlsbad Lane Lansing MI 48917

Home and Work Phone Nos.: Home: (517) 775-4916 Work: (517) 321-4144

Cell Phone No.: (517) 775-4916

Email Address: mbishop12565@gmail.com

DRAFT

ADDENDUM TO THE RESIDENCY AGREEMENT RETENTION DISCOUNT

THIS ADDENDUM TO RESIDENCY AGREEMENT (the "Addendum"), dated January 01, 2023 is made between Margaret Rose Bishop (the "Resident") and Brookdale Senior Living Communities, Inc. d/b/a Brookdale Delta MC (MI) (the "Community", "We", or "Us"), and modifies and is made part of the Residency Agreement dated as of the date hereof ("Agreement").

1. **Basic Service Rate Discount.** In recognition of your longevity as a resident at the Community, we agree to discount your current Basic Service Rate of \$5215.00 by \$360.40 ("Discount"). The Discount is a set amount and will not change during the term of the Agreement. Unless otherwise specified in this Addendum, the Discount will remain in effect for you while you reside in Suite #B4-A at the Community. Notwithstanding the foregoing, the Discount may be terminated as provided for in Sections 3 and 4 of this Addendum. Additionally, the amount of the Discount may be recalculated in accordance with Section 5 of this Addendum. In addition, you understand that the Basic Service Rate will continue to be subject to increases pursuant to the terms of the Agreement. You further understand that, unless your residency is subject to all-inclusive pricing, the Basic Service Rate excludes personal care.
2. **Exclusions.** You understand that the Basic Service Rate excludes personal care, Therapeutic Services, Select Services and any other costs that are not included in the Basic Service Rate under your Agreement and that you remain responsible for paying the full charge for such services. The Discount does not apply to any room, board or services which are paid for all or in part by any state or federally funded program (such as a Medicare program or Medicaid waiver program). In addition, the Discount does not apply to skilled nursing facility services.
3. **Discount Termination.** This Discount terminates if the ownership of the Community is sold to any other entity or if Community ceases operation.
4. **Automatic Withdrawal.** You understand that to be eligible for this Discount, you may be required now or in the future to establish an Automatic Withdrawal Account to withdraw payments for the above resident from a designated checking, savings or money market account to pay amounts due under the Agreement. If requested by the Community, you agree to timely sign an Automatic Withdrawal Authorization. If the Automatic Withdrawal Authorization is cancelled by you or on your behalf or if Brookdale cancels due to insufficient funds, the Discount will be terminated and you will be responsible for payment of the then current market rate for that apartment style or living option.
5. **Transferability.** If you move to a different Brookdale community or change levels of care (Independent, Assisted, or Memory Care) within the same Community, the Discount will be recalculated based on the market basic service rate of your new unit/apartment. If you choose to relocate to a different apartment style within the same Community and the same level of care or if you choose to have a roommate at any point during your residency, your Discount will be recalculated based on the market basic service rate of your new unit/apartment. In addition, this Discount will not transfer to another individual.

6. **Termination.** It is further explicitly understood that the terms of the Agreement regarding termination of the Agreement are not affected by this Addendum and remain in full force and effect.
7. **Amendment.** Except as otherwise amended by this Addendum, the terms and provisions of the Agreement shall remain in full force and effect. Any term not otherwise defined in this Addendum shall have the meaning ascribed to such term in the Agreement.

BY THEIR SIGNATURES, the parties or their representatives have executed this Addendum.

[REDACTED]
Resident

[REDACTED]
Print Name

[REDACTED]
Date

[REDACTED]
Legal Representative

[REDACTED]
Print Name

[REDACTED]
Date

For Legal Representative's signature, indicate legal authority: Court Appointed Guardian

[REDACTED]
For Company

[REDACTED]
Title

[REDACTED]
Date