

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:

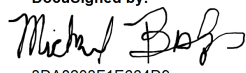

I. PERSONAL ASSISTANCE. In the event the condition of the Resident requires such assistance, and upon our request, you will assist Resident or legally responsible person, as necessary by:

- 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 June 21, 2024.

<p><small>DocuSigned by:</small></p> <p></p> <p><small>3DA8203F1E664D9</small></p> <p>6/26/2024</p>	--	<p>B210603040067</p>	
Guarantor	SSN	D.L.No.	Date
<small>(Should be signed by someone who is not the Resident)</small>			
<p><small>DocuSigned by:</small></p> <p></p> <p><small>4893D868BDA348D...</small></p>	<p>Executive Director</p>	<p>6/26/2024</p>	
For Company	Title	Date	

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

EXHIBIT A (CURRENT RESIDENT) SCHEDULE OF SERVICES AND RATES

Resident Margaret Rose Bishop

Suite Type and Number B8

COMMUNITY FEE (Prior to Move-in) \$N/A

BASIC SERVICE RATE \$5635.00

(Check below if applicable)

SECOND PERSON FEE \$--

(Check below if applicable)

☐ The Basic Service Rate above is the Basic Service Rate for a Companion Suite. If the Companion Suite converts to single occupancy, the Basic Service Rate will adjust to the then current single occupancy Basic Service Rate for such Suite.

PERSONAL SERVICE RATE \$--

(The current Personal Service Price Schedule is attached as Exhibit Z)

(See attached Personal Service Rate Report)

MONTHLY SERVICE RATE \$5635.00

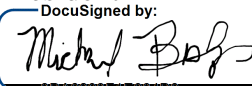
(Add Basic Service Rate and Personal Service Rate)

SELECT SERVICES AND THERAPEUTIC SERVICES \$0.00*

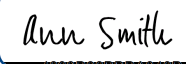
(The Select Service List and Therapeutic Services List are attached as Exhibits X and Y)

*Amount varies based upon monthly usage.

I agree to the above Schedule of Services and Rates to commence as of June 21, 2024. I have reviewed Exhibit X, Select Services List, and the associated rates for the services listed therein. I agree that I will be charged each time I utilize one of these services at the Community. Finally, I understand and agree that the Company has the right to change the rates and/or services provided herein in accordance with the applicable provisions of the Residency Agreement.

Resident <small>DocuSigned by:</small> 	Print Name Michael Bishop	Date 6/26/2024
Legal Representative	Print Name	Date

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

<small>DocuSigned by:</small> 	Executive Director	6/26/2024
For Company	Title	Date

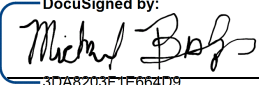
ADDENDUM TO THE RESIDENCY AGREEMENT RETENTION DISCOUNT

THIS ADDENDUM TO RESIDENCY AGREEMENT (the “Addendum”), dated June 21, 2024 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 \$5635.00 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 #B8 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.

Resident DocuSigned by:  3DA6203F1E664D9...	Print Name Michael Bishop	Date 6/26/2024
Legal Representative	Print Name	Date

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

DocuSigned by:  4893D98BBDA348D...	Executive Director	6/26/2024
For Company	Title	Date

ADDENDUM TO THE RESIDENCY AGREEMENT

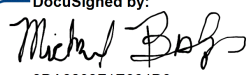
THIS ADDENDUM TO THE RESIDENCY AGREEMENT (the "Addendum"), dated June 21, 2024, is made between Margaret Rose Bishop ("Resident," "your" or "you") and Brookdale Senior Living Communities, Inc. d/b/a Brookdale Delta MC (MI) ("Community," "we" or "us") and modifies and is made part of the Residency Agreement dated as of the date hereof ("Residency Agreement").

1. **Unit Change.** On June 21, 2024, you are moving from unit #B4-A to unit #B8. Your transfer fee will be \$--. Upon moving into unit #B8, your Basic Service Rate will be \$5635.00. You understand and agree that the Basic Service Rate excludes the personal, select and therapeutic services and that you remain responsible for paying such costs. Further, your Basic Service Rate is subject to rate changes as outlined in the Agreement.

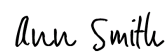
You understand that if it becomes necessary to move you to a different unit, you will move into that unit and will be billed the then Basic Service Rate as outlined in your Agreement. You may decide to move to another unit within the Community and may do so contingent upon another unit being available and you agree to be billed the then Basic Service Rate for that unit as outlined in your Agreement.

2. **Non-Transferability.** I understand and acknowledge that this agreement is nontransferable, meaning if I move to another Brookdale affiliated community; this agreement will not transfer to the new community. In addition, this agreement will not transfer to another individual.
3. **Termination.** It is further explicitly understood that the terms of the Agreement regarding termination of the contract are not affected by this Addendum and remain in full force and effect.
4. **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.

<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Resident <small>DocuSigned by:</small>  <small>3DA6203F1E664D9...</small> Legal Representative </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Print Name Michael Bishop Print Name </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Date 6/26/2024 Date </div>
---	---	--

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

<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <small>DocuSigned by:</small>  <small>4893D98BBD4348D...</small> For Company </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Executive Director Title </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 6/26/2024 Date </div>
--	---	---

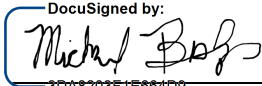
ADDENDUM TO THE RESIDENCY AGREEMENT BROOKDALE PARTNER DISCOUNT

THIS ADDENDUM TO RESIDENCY AGREEMENT (the “Addendum”), dated June 21, 2024 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. **Qualification.** The parties agree that Resident qualifies for the Discount set forth in Section 2 below pursuant to an Assisted and Independent Living Pricing Agreement between Brookdale Senior Living Inc. and Sparrow Health System (“Partner”). The Discount applies to Partner’s current employees or members and their spouse, adult children, corresponding in-law or “step” adult children through the then current spouse, sibling(s), parent(s), and grandparent(s) (each a “Participant”). To receive the Discount, Resident agrees to provide proof of the Participant’s current membership or employment or bona fide retirement status from Partner, upon request. Resident further agrees to provide confirmation of their relationship status with such Participant, if applicable.
2. **Basic Service Rate Discount.** We agree to discount the published Basic Service Rate or Second Person Fee by 7.5% (“Discount Percent”) thereby equaling a total Discount of \$422.63 (“Discount”). The Discount Percent and total Discount are set amounts and will not change during the term of the Agreement. The Discount will remain in effect unless otherwise terminated as provided for in Sections 3, 4, and 5 of this Addendum. Additionally, the amount of the Discount may be recalculated in accordance with Section 6 of this Addendum. You understand that the Basic Service Rate or Second Person Fee 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 or Second Person Fee excludes personal care.
3. **Exclusions.** You understand that the Basic Service Rate or Second Person Fee also excludes Therapeutic Services, Select Services and any other costs that are not included in the Basic Service Rate or Second Person Fee 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.
4. **Discount Termination.** Notwithstanding anything to the contrary in this Addendum, the parties agree that the Discount shall terminate immediately if the ownership of the Community is sold to any other entity or if we cease operation of the Community.
5. **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 us, you agree to timely sign an Automatic Withdrawal Authorization. If the Automatic Withdrawal Authorization is cancelled by you or on your behalf or if we cancel 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.

6. **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.
7. **Termination.** It is further explicitly understood that the terms of the Agreement regarding termination of the contract are not affected by this Addendum and remain in full force and effect.
8. **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.

Resident	Print Name	Date
<small>DocuSigned by:</small> 	Michael Bishop	6/26/2024
<small>3DA8203F1E664D9...</small> Legal Representative	Print Name	Date

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

<small>DocuSigned by:</small> 	<u>Executive Director</u>	6/26/2024
<small>4893D98BBDA348D...</small> For Partner	Title	Date