

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

ACKNOWLEDGEMENT OF DELIVERY OF DISCLOSURE STATEMENT

I (we) hereby declare that I (we) have received a current disclosure statement from _____ dated _____ and numbered 1 through _____ prior to executing this Residency Agreement.

DATE SIGNED: _____

(Resident or Legal Representative)

(Resident or Legal Representative)