



**Assignment of Refund Payment
Pursuant to the Continuing Care Contract**

The undersigned Resident(s) hereby assign their rights to the Entrance Fee refund pursuant to Section VI.C of the Continuing Care Contract dated as of _____ between Resident(s) _____ and NELP-Commons, LLC (hereinafter "The Commons") to the following person(s):

Recipient #1:

Name: _____

Street: _____

Cottage/Suite Apartment, if applicable: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____

Percentage of refundable amount (if less than 100%): _____

Recipient #2:

Name: _____

Street: _____

Cottage/Suite Apartment, if applicable: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____

Percentage of refundable amount (if less than 100%): _____

As provided in Article V, Section A.4 of the Continuing Care Contract, if two persons are parties to the Continuing Care Contract, Resident(s)' right to a refund occurs only when the Continuing Care Contract is terminated by both Residents or upon the death of the second Resident and when other conditions to receipt of the refund specified in Section VI.C. of the Continuing Care Contract have been met.

The assignment herein shall apply only from and after the death of the Resident or, in the case two persons are parties to the Continuing Care Contract, the death of both Residents, unless specific written instructions assigning the right to the Entrance Fee refund to others upon a termination of the Continuing Care Contract prior to the death of the Residents are included below:

Capitalized terms not defined herein shall have the meaning set forth in the Continuing Care Contract

In the event The Commons is unable, after diligent efforts, to locate and make payment of any such refund to the above-designated assignee(s), The Commons shall make payment thereof to the undersigned Resident(s) or to his/her/their estate(s), as applicable.

This Assignment shall not be effective unless any Guarantor(s) of the obligations of undersigned Resident(s) under the Continuing Care Contract have duly executed a copy of this Assignment as provided below and thereby have consented to the assignment contained herein.

This Assignment shall take effect as an instrument under seal and shall be governed by the internal laws of The Commonwealth of Massachusetts in all respects, without regard to principles of conflicts of laws.

This Assignment shall inure to the benefit of and shall be binding upon the parties hereto and their respective successors and assigns.

The parties agree that this Assignment may be executed by the parties in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, The Commons and the Resident(s) have signed this Assignment on this _____.

Resident(s)*

Witness: _____

Signature: _____ **L.S.**
Print Name: _____

Witness: _____

Signature: _____ **L.S.**
Print Name: _____

NELP-Commons, LLC

By: _____
Its: **Reynaldo Leblanc**
Campus Executive Director

The undersigned Guarantor(s) of the obligations of the Resident(s) under his/her/their Continuing Care Contract(s) hereby assent(s) to the assignment set forth herein and waive(s) any right to contest actions by The Commons that are taken in compliance with the terms of this Assignment.

Guarantor(s):

Guarantor #1

Signature: _____
Print Name: _____

Guarantor #2

Signature: _____
Print Name: _____

* If two individuals

Notarization of signature of guarantor #1

STATE: _____)

COUNTY: _____)

On this ___ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of the identification which was _____, to be the person whose name is signed on the preceding or attached document as **Guarantor #1**, and acknowledged to me that he/she signed is voluntarily for its stated purpose.

(SEAL)

Notary Public
My commission expires: _____

Notarization of signature of Guarantor #2

STATE: _____)

COUNTY: _____)

On this ___ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of the identification which was _____, to be the person whose name is signed on the preceding or attached document as **Guarantor #2**, and acknowledged to me that he/she signed is voluntarily for its stated purpose.

(SEAL)

Notary Public
My commission expires: _____