



**CAMBRIDGE**  
Realty Capital Companies

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**— DETAILED INFORMATION SIGNATURE MATRIX™ —**  
**Acquisition Material Check List for**  
**Cambridge Realty Capital Companies for**  
**Nursing Home Properties**

*— Privacy Statement —*

We at Cambridge Realty Capital Companies ("Cambridge" or "we") understand the sensitivity of your personal and corporate financial information. Our business depends on your trust. Thus, we take steps to ensure the privacy and security of your personal and corporate financial information. Information is not released to anyone except Cambridge employees who have a need to know in order to perform their functions, to our client's personnel or to others as needed to fulfill our or your business operations and financial requests. Cambridge uses reasonable efforts to establish and maintain administrative, technical and physical safeguards to protect the security, confidentiality and integrity of all personal and corporate financial and other information.

<b>Your Name:</b>	
<b>Name of Facility:</b>	
<b>City / State:</b>	

	<i>Attached</i>	<i>Previously Sent</i>	<i>Open</i>
<b>OWNER / LESSEE / MANAGER INFORMATION</b>			
Narrative of Management Company — The narrative shall include a summary of previous and current management experience by project name, location, and number of units. The narrative should also include the Company's management strategies and strategic growth opportunities.			
Management Organizational Chart — The organizational chart should show names, titles and reporting structure of the management company.			
Resume of President / CEO			
Resume of Chief Financial Officer			
Resume of Director of Operations			
Resume of Director of Marketing			
Ownership Schedule — Provide a schedule showing the name and percentage ownership of the borrowing entity and guaranteeing entities (if applicable).			
Social Security Number — for members of ownership entity, senior officers of management company and all Guarantors (if applicable).			
Credit Report Authorization — Cambridge will order standard credit reports on members of ownership entity, senior officers of management company and all Guarantors.			
Credit Report — for members of ownership entity, senior officers of management company and all Guarantors (if applicable).			
Corporate Brochure			
Corporate Financial Statement and Balance Sheet for last two years.			

	<i>Attached</i>	<i>Previously Sent</i>	<i>Open</i>
References — Please provide four (4) bank, business or institutional references for the principals of the Borrower, one of which must be a bank reference (Patriot Act).			
Financial Statement and Tax Returns of each Guarantor (if applicable). The statement should include contingent liabilities and other material disclosures. All statements need to be accompanied by documentation stating that the information is certified and true.			
<b>FACILITY FINANCIAL INFORMATION:</b>			
Facility Name and Address: If more than one facility, please list.			
Ownership Type (LLC, LP, etc.)			
Tax ID Numbers for Borrowing Entities.			
Neighborhood and Area Data – including description of market occupancy rates of similar facilities in the area.			
Detailed Property Description (for each facility) including the following: <ul style="list-style-type: none"> <li>• Number of licensed and unlicensed beds</li> <li>• Number of units</li> <li>• Number of buildings</li> <li>• Number of floors</li> <li>• Square footage</li> <li>• Breakdown of private, semi-private, and wards</li> <li>• Age of facility</li> <li>• Type of sprinkler system installed</li> </ul>			
Rental Rates (if applicable).			
Capital Needs Assessment – listing of recent upgrades to the facility and listing of immediate repairs and maintenance needed.			
Copy of all licenses.			
Existing mortgage note and loan agreement.			
Existing intercreditor agreement (if applicable).			
Marketing Materials – copies of all marketing materials and brochures related to the facility’s products or services.			
Copies of all contracts and leases to which the facility is party.			
Staffing Plans.			
Operating Statements (With breakout of revenues by payor type and breakout of expenses to show any management, corporate fees, or officers’ salaries being paid).			
▪ Fiscal Year End (FYE) 2009			
▪ FYE 2010			
▪ FYE 2011			
▪ Most current YTD			
▪ Same period as (4) above for prior year (e.g. 10 / 31 / 09 YTD and 10 / 31 / 10 YTD statements).			
▪ Month by Month for the Current Year			
Cost Reports (for Fiscal Year Ending)			
▪ 2009			
▪ 2010			
▪ 2011			
Census (With patient days by payor type)			
▪ 2009			
▪ 2010			
▪ 2011			
▪ Current YTD			
▪ Month by Month for Current Year			

	<i>Attached</i>	<i>Previously Sent</i>	<i>Open</i>
Balance sheet of the operating entity: The balance sheet should clearly identify all assets and liabilities. All statements need to be accompanied by documentation stating that the information is certified and true. <ul style="list-style-type: none"> <li>Last two fiscal years</li> <li>Most recent interim period along with prior year's comparable interim period</li> </ul>			
Income Statement and Balance Sheet of the Borrowing Entity (if different from the Operating Entity). <ul style="list-style-type: none"> <li>Last two fiscal years</li> <li>Most recent interim period (along with prior year's comparable interim period)</li> </ul>			
Budget of the operating entity for the current year showing variances from actual.			
Projections for the next two fiscal years.			
<b>State Survey &amp; Plan of Corrections for Years Ending</b>			
▪ 2009			
▪ 2010			
▪ 2011			
<b>GENERAL INFORMATION:</b>			
▪ Facility description (possibly included in appraisal)			
▪ Detail of any accounts receivable financing that is in place (if applicable)			
▪ Residents Emergency Call List			
▪ List of full- and part-time employees			
▪ Three most recent payroll sheets			
▪ Facility Employee Handbook			
▪ Corporate Employee Handbook			
▪ Any other new payor contracts / rate letters which are not reflected in at least six months of operating statements, or any other optional plans available.			
▪ Resident agreements: Lifetime rate contracts? Community fees guaranteeing rents? Future month free? Any rent concessions			
<b>OTHER INFORMATION:</b>			
▪ Notice of any violation of regulation governing the maintenance, operation, use or occupancy of the real estate.			
▪ Municipal Police Report on Property			
<b>Please provide information regarding any Federal Debt Defaults / Tax Liens, etc.</b>			
▪ Old appraisal (if available)			
▪ Phase I Environmental Site Assessment Report (if available)			
▪ Purchase Contract if transaction is an acquisition, or if acquired during the last 60 months.			
▪ Title policy			
▪ Photographs: Minimum of 12: 6 exterior, 6 interior. <i>Digital pictures strongly preferred.</i>			
▪ Map showing location of facility or facilities.			
▪ Real Estate Tax Bill			
<b>MEDICARE AND MEDICAID DOCUMENTS (IF APPLICABLE):</b>			
Medicare and Medicaid cost reports for the last two fiscal periods.			
Medicare and Medicaid survey and plan of correction for the last two years.			
Medicare Rate Letter and analysis of the rate following purchase (if applicable).			
<b>INSURANCE:</b>			
Proof of Property and Liability Insurance			
Claims history for last 60 months			

	<i>Attached</i>	<i>Previously Sent</i>	<i>Open</i>
FEMA Form			
Flood Insurance (if applicable)			

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