

IN WITNESS WHEREOF, Landlord and Tenant have executed this Amended and Restated Memorandum of Master Lease as of the date first set forth above.

HCRI INDIANA PROPERTIES, LLC

By: Health Care REIT, Inc., a Member

By: _____

Title: _____

TRILOGY HEALTH SERVICES, LLC

By: _____

Steven A. Van Camp

Title: Executive Vice President and CFO

STATE OF OHIO)

COUNTY OF LUCAS)

Document is NOT OFFICIAL!

The foregoing instrument was acknowledged before me this ___ day of _____, 2005 by _____, the _____ of Health Care REIT, Inc., a member of HCRI Indiana Properties, LLC, an Indiana limited liability company, on behalf of the limited liability company.

Notary Public

My Commission Expires: _____

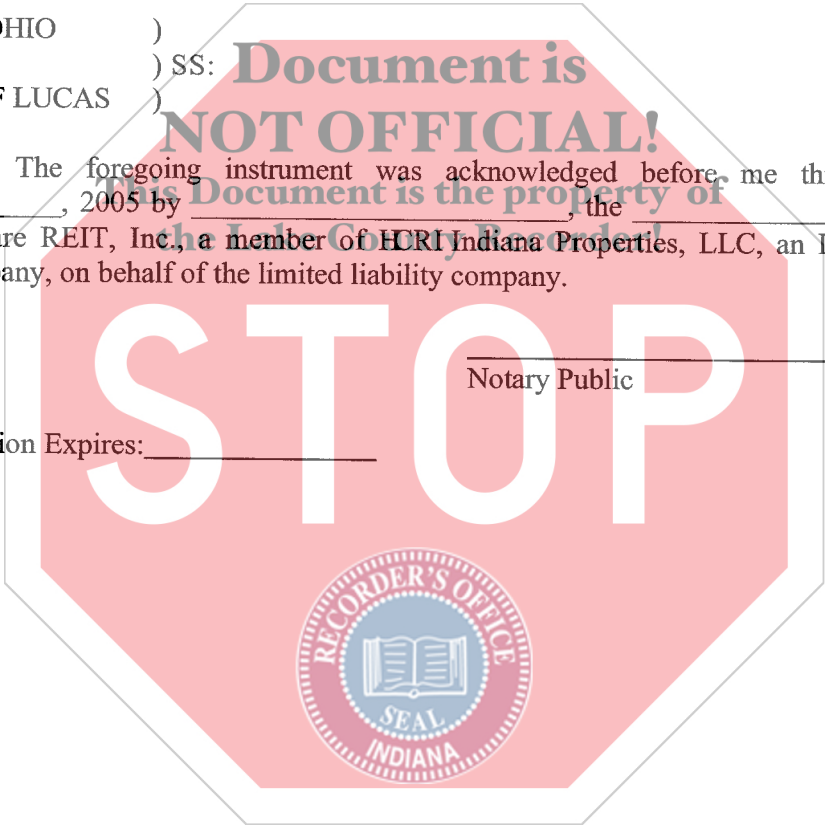


EXHIBIT A: LEGAL DESCRIPTION

CONSISTING OF EXHIBIT A-4



EXHIBIT A-4: LEGAL DESCRIPTION

Facility Name: Outlook Pointe at Merrillville

Parcel I:

Lot 1 of the Second Resubdivision of Lot 7 in Broadwest Center, in the Town of Merrillville, as shown in Plat Book 83, Page 46, Lake County, Indiana.

Parcel II: (Non-Exclusive Sanitary Sewer)

Easement as granted in Instrument No. 92053986, dated July 31, 1992 and recorded August 25, 1992.

Parcel III: (Non-Exclusive Storm Water Storage and Flow Easement)

Easement rights as reserved in Instrument No. 92053988, dated August 20, 1992 and recorded August 25, 1992.

