

# CHANGE OF OWNERSHIP

AUG 11 2013

## Part I: Purchasing Organization Information

TLC Cleveland Properties, LLC

Name of Organization: <sup>DBA</sup> Mt. View Lake Retirement Village

Facility Name: Mt. View Lake Retirement Village  
(ADPH Licensure name)

SHPDA ID Number: P6102

Address (PO Box #): 380 Mt. View Lake Rd.

City, State, Zip, County: Sylacauga, AL 35150

Number/Type Licensed Beds: 16

Owner(s): Kitty Dawson Philip & Trina Cleveland

Operator(s): Kitty Dawson

## Part II: Selling Organization Information

Name of Organization: Mt. View Lake Retirement Village

Address (PO Box #): 380 Mt. View Lake Rd

City, State, Zip, County: Sylacauga, AL 35150

Number/Type Licensed Beds: 16

Owner(s): Kitty Dawson

Operator(s): Kitty Dawson

## Part III: Value of Consideration

Monetary Value of Purchase: \$ 225,000.00 No./Type Beds: 16

Terms of Purchase: Single Sale Bank Purchase  
(add more pages as necessary to describe the sale)

## Part IV: List of Certificate of Need Authority

Number of Beds: 16

Types of Institutional Health Services: Speciality Care Assisted Living

List Service Area by County for Home Health Agencies: NA

**On an Attached Sheet Please Address the Following:**

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

**Seller(s) Signature(s):**

Owner(s):

Operator(s):

Title/Date:

*[Handwritten Signature]*  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Administrator*      *8/8/16*  
 \_\_\_\_\_

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of **\$2,500** made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

YES     NO

The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:

Title/Date:

*[Handwritten Signature]*  
 \_\_\_\_\_  
*Owner*      *8/8/16*  
 \_\_\_\_\_

*Ed Osborne*

**State Board of Health**

*This is to certify that a license is hereby granted by the State Board of Health to*

**HUBBARD-DUPREIST, INC.**

*to operate*

**MT. VIEW LAKE RETIREMENT VILLAGE**

*as an*

**ASSISTED LIVING FACILITY (SPECIALTY CARE)**

*This license is valid for the following location*

**380 MT. VIEW LAKE ROAD • SYLACAUGA, AL 35150**



Licensed Month 10

2010

2016

MAJOR ANNUAL MEETING

THE STATE BOARD OF HEALTH