



REGISTRATION TRANSFER REQUEST

ITEMS A THROUGH D TO BE COMPLETED BY TRANSFEROR (Current Owner)

SEE INSTRUCTIONS FOLLOWING FORM

A. TRANSFEROR NAME AND ADDRESS (Custodian, Trust, or Individual) PRINT NAME(S) IN WHICH SHARES ARE CURRENTLY REGISTERED.

Name of Custodian, Trust, Trustee, other Administrator, or Business Entity (if applicable)		Tax I.D. Number/Social Security Number	
Name of Investor, Trustee or Authorized Officer (include Mr., Mrs., Dr., etc.):		Tax I.D. Number/Social Security Number	
Investor/Shareholder Number			
Street Address		Suite	
City		State	Zip
E-mail Address		Date of Birth (Required)	
Home Phone Number	Business Phone Number	Custodian Account # (if applicable)	

B. REASON FOR TRANSFER

Re-registration (name change, divorce/separation, individual to trust, etc.) Gift Sale Death Other (please specify):

C. TRANSFER OF SHARES

All Shares Partial: # of Shares: _____ OR % of Shares _____ %

D. TRANSFEROR SIGNATURES PLEASE SIGN YOUR NAMES(S) EXACTLY AS THEY APPEAR ON YOUR ACCOUNT

ALL SIGNATURES MUST BE MEDALLION SIGNATURE GUARANTEED.

By signing below, I/we make the following warranties, representatives, and agreements:

- I/we have read and understand this Registration Transfer Request form and all accompanying instructions, and hereby instruct Phoenix Transfer, Inc. (hereafter, "you") to transfer the number of shares set forth in Section C to the transferee named in Section 2 or 4 below.
- You are not responsible for determining the legal or tax consequences of the decision to sell or transfer this investment as requested above.
- You are not responsible for any payment arrangement between transferor and transferee.

Owner's Signature _____ Date _____ Joint Owner's Signature (if applicable) _____ Date _____

MEDALLION SIGNATURE GUARANTEE

You can obtain a Medallion signature guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

Signature Guaranteed by:

Signature Guarantee Stamp:

Name of Bank or Firm

Signature of Officer and Title

REGISTRATION TRANSFER REQUEST

ITEMS 1 THROUGH 9 TO BE COMPLETED BY TRANSFEREE (New Owner)

1. Number of Shares to be Acquired; Acquisition Price

A. # of Shares: Total \$ Invested: Primary State of Residence:

B. Check this box if transferee is an existing stockholder of the company. Shareholder number _____

2. NEW REGISTRATION NAME

A. Name of Trust, Trustee or Business Entity (if applicable)

Date of Organization

Mr. Mrs. Ms. Other:

Name of Transferee, Trustee or Authorized Officer

Date of Birth (Required)

Tax I.D. Number/Social Security Number

B. Principal Address (No P.O. Box allowed)

City

State

Zip

C. Mailing Address (if different from above – P.O. Box allowed)

City

State

Zip

D. Home Phone Number

Business Phone Number

E-mail Address

E. Please Indicate Citizenship Status

U.S. Citizen Resident Alien – Country of Origin:

Non-resident Alien – Country of Origin:

3. TYPES OF OWNERSHIP (Select Only One in Section A or B)

A. Non-Custodial Ownership

- Individual Ownership
- Transfer on Death - (Fill out Transfer on Death Form to effect designation)
- Joint Tenants with Rights of Survivorship - (All parties must sign)
- Community Property - (All parties must sign)
- Tenant in Common - (All parties must sign)
- Corporate Ownership - (Authorized signatures required. Include copy of corporate resolution)
- S Corporation - (Authorized signatures required. Include copy of corporate resolution)
- Partnership/LLC Ownership - (Authorized signatures required. Include copy of partnership agreement)

B. Custodial Ownership

- Traditional / Simple IRA - (Custodian signature required in section 7)
- Roth IRA - (Custodian signature required in section 7)
- KEOGH Plan - (Custodian signature required in section 7)
- Simplified Employee Pension / Trust (SEP)

Estate - (Authorized representatives(s) signature(s) required)

Name of Authorized Representative(s)

(Include a copy of the court appointment dated within 90 days)

Trust - (Include a copy of the title and signature pages of the trust)

Pension Plan and Profit Sharing Plan - (Non-Custodian - Include a copy of the title and signature pages of the plan, as well as Trustee information)

Other

Name of Trustee(s)

(Include a copy of the first and last page of the plan, as well as Trustee information)

Pension / Profit-Sharing Plan / 401k - (Custodian signature required in section 7)

Uniform Gift to Minors Act / Uniform Transfers to Minors Act - (Custodian signature required in section 7)

Custodian for: _____

State of: _____

REGISTRATION TRANSFER REQUEST

4. CUSTODIAN INFORMATION (Required for custodial ownership accounts)

Name of Custodian, Trustee, or Other Administrator:

Street Address

Suite

City

State

Zip

Tax I.D. Number

Custodian Account #

Business Phone Number

5. DISTRIBUTIONS (Cash distributions for custodial accounts will be sent to the Custodian)

Distribution Reinvestment Plan. (By checking this box and signing in section 7, the transferee agrees to participate in the distribution reinvestment plan as outlined in the prospectus)

Elect percentage to be reinvested:

Elect percentage as cash distributions:

(Note: Total should equal 100% and at least 10% must be reinvested to check this box)

Mail to Residential Address. Listed in section 2(B) **OR Mail to Mailing Address.** Listed in section 2 (C)

Distributions Directed to 3rd Party. (Please complete information below. For multiple payees, please complete a Distribution Authorization Form.)

Distributions Sent Via Electronic Deposit (ACH). (Please complete information below. By checking this box and signing in section 7, the investor agrees as follows:

AUTOMATED CLEARING HOUSE (ACH): I (we) hereby authorize the Company to deposit distributions from my (our) common stock of the Company into the account listed in Section 5 of the Registration Transfer Request. I (we) further authorize the Company to debit my (our) account noted in Section 5 of the Registration Transfer Request in the event that the Company erroneously deposits additional funds into my (our) account to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before the Company reverses such erroneously deposited amount, I (we) agree that the Company has the right to retain any future distributions to which I am (we are) entitled until the erroneously deposited amount is recovered by the Company.

Checking (For ACH, provide voided check) Saving (For ACH, provide bank verification)

Name of Bank or 3rd Party Individual

Distribution Mailing Address

City

State

Zip

Phone

Transit / ABA Routing Number (9 Digits)

Account Number

6. CONSENT TO ELECTRONIC DELIVERY OF DOCUMENTS

(a) I acknowledge that access to both Internet e-mail and the World Wide Web is required in order to access documents electronically. I may receive by e-mail notification of the availability of a document in electronic format. The notification e-mail may or may not contain the actual document. If not, the notification e-mail will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download and print the document from my computer.

(b) I acknowledge documents distributed electronically may be distributed in Adobe's Portable Document Format (PDF). The Adobe Acrobat Reader software is required to view documents in PDF format. The Reader software is available free of charge from Adobe's web site at www.adobe.com. The Reader software must be correctly installed on my system before I will be able to view documents in PDF format.

(c) I acknowledge that I may receive at no cost from the deliverer(s) a paper copy of any documents delivered electronically if I contact the deliverer by regular mail (1920 Main Street, Suite 400, Irvine, CA 92614).

(d) For the above named issuer, the documents will be maintained for a minimum of 6 months (unless the earlier document is superseded by a subsequent document) and a maximum of 12 months from the date of posting to the web site. Specific cancellation dates will be noted on the documents themselves.

(e) I understand that I will be provided with a paper copy of any document intended to be delivered electronically, if the deliverer is made aware that electronic delivery has failed.

(f) I understand that my consent may be revoked or changed, including any change in electronic mail address to which documents are delivered at any time by notifying the deliverer of such revised or revoked consent by regular mail (1920 Main Street, Suite 400, Irvine, CA 92614).

(g) I understand that I am not required to consent to electronic delivery

I have read and understand this "Consent to Electronic Delivery of Documents" and consent to the electronic delivery of the documents that the deliverer elects to deliver to me electronically, all in accordance with my instructions above or otherwise in writing. This includes documents filed with the Securities and Exchange Commission including but not limited to prospectus, supplements, 10Ks, 10Qs, 8Ks, and proxy statements as well as press releases, regular distribution reports, 1099s, and other documents provided to the company's stockholders generally

Initials

Initials

I DO NOT consent to electronic delivery

REGISTRATION TRANSFER REQUEST

7. TRANSFEREE SIGNATURES

Please separately initial each of the representations below. In the case of joint investors, each investor must initial. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. I hereby represent and warrant to you as follows:

- _____ _____ A. I have received the Prospectus of Sentio Healthcare Properties, Inc. (formerly Cornerstone Healthcare Plus REIT, Inc.)
Initials Initials
- _____ _____ OR _____ _____ I am NOT a citizen of the United States.
Initials Initials Initials Initials
- _____ _____ C. I acknowledge that I will not be admitted as a stockholder if such admission is prohibited by U.S. laws
Initials Initials
- _____ _____ D. I acknowledge that the information provided on this Registration Transfer Request may be screened against the U.S. Department of the Treasury's List of Specially Designated Nationals and Blocked Persons. I consent to such screening and understand that the Registration Transfer Request will not be accepted until such screening is completed. I further understand that the Registration Transfer Request may be denied based on such screening.
Initials Initials

I declare that the information supplied above is true and correct and may be relied upon by the Company in connection with my investment in the Company. Under penalties of perjury, by signing this Registration Transfer Request, I hereby certify that (a) I have provided my correct Taxpayer Identification Number (or I am waiting for a number to be issued), and (b) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, and (c) I have the authority to execute and deliver this Registration Transfer Request on behalf of the person(s) or entity registered in Sections 2 and/or 4 above. NOTE: CLAUSE (b) IN THIS CERTIFICATION SHOULD BE CROSSED OUT IF THE INVESTOR IS SUBJECT TO BACKUP WITHHOLDING. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (Non-U.S. investors will be required to complete the appropriate W-8 series)

_____	_____	_____
Signature of Investor, Trustee, Custodian, Administrator	Signature of Investor, Trustee, Custodian, Administrator	Date

Notice to Transferee. The acquisition of shares pursuant to this Registration Transfer Request will not be effective until at least five business days after the date the transferee has received a final prospectus and until the Transferee has received a confirmation of transfer.

MEDALLION SIGNATURE GUARANTEE

You can obtain a Medallion signature guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

Signature Guaranteed by:

Signature Guarantee Stamp:

Name of Bank or Firm

Signature of Officer and Title

8. BROKER/DEALER

_____	_____	
Broker/Dealer Name	Name of Registered Representative	
_____		_____
Address of Registered Representative		Suite
_____	_____	_____
City	State	Zip

Phone Number of Registered Representative		

9. PAYMENT AND MAILING

Please send a check in the amount of \$50 made payable to Phoenix Transfer. Please submit a separate Registration Transfer Request Form for each transferee.

SUBMISSION INSTRUCTIONS

Mail completed form with check made payable to:

Phoenix American Transfer, Inc.
2401 Kerner Boulevard
San Rafael, CA 94901

CONTACT INFORMATION

(888) 811-1753
(407) 999-7679 Phone
(407) 999-5210 Fax
info@sentionvestments.com

REGISTRATION TRANSFER REQUEST

SENTO HEALTHCARE PROPERTIES, INC. SUPPLEMENTAL DOCUMENTATION AND INSTRUCTIONS:

Include documents listed below as appropriate for transfer situation:

- **To or from an IRA or ROTH IRA:** Signature of authorized officer at IRA Custodian
- **To or from Trust:** Copy of trust agreement pages which identify the trust, trustee(s) and the signature page
- **To or from Pension/Profit Sharing Plan:** Copy of adoption agreement/bylaws identifying name of trust and signatures of trustee(s)
- **From a UGMA/CUTMA:** Copy of birth certificate, Driver's License or passport when minor is of age and units are being transferred to beneficiary.
- **Ownership by Partnership:** Copy of Partnership Agreement
- **Ownership by Corporation:** Copy of corporate resolution
- **Due to Death/Estate:** Certified copy of death certificate, plus Letter's Testamentary dated within 90 days of receipt
- **Due to Name Change:** Copy of marriage certificate or court documents (divorce, legal name change, etc.)

Note: A Letter of Re-registration will be mailed to the old and new owners, upon completion of the transfer.

RETURN COMPLETED PACKET TO:

Phoenix Transfer

2401 Kerner Boulevard

San Rafael, CA 94901

(Include a check for \$50 made payable to Phoenix Transfer)

IMPORTANT:

**Please submit all required items together. Incomplete or partial packets will be returned.
If you have questions, please call 888.811.1753**