

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____

IRC SECTION 301(c)

IRC SECTION 316

18 Can any resulting loss be recognized? ▶ N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **HEALTH CARE REIT, INC. A REAL ESTATE INVESTMENT TRUST, DECLARED AND PAID QUARTERLY CASH DISTRIBUTIONS TO ITS COMMON SHAREHOLDERS DURING ITS FISCAL YEAR COMMENCING JANUARY 1, 2013 AND ENDING DECEMBER 31, 2013.**

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ /s/ Michael A. Crabtree Date ▶ 01/15/2014

Print your name ▶ **MICHAEL A. CRABTREE** Title ▶ **SVP & TREASURER**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	