

**ECONDOSERVICES - PROVIDENCE POINT  
RESALE CERTIFICATE REQUEST FORM**

**Please review this document carefully**



This document outlines your responsibility in connection with the following requested work. Fees for requested work are due and owing regardless of whether your transaction closes.

**DISCLOSURE  
DEPARTMENT**

**PHONE: (425) 637-0412**

**FAX: (425) 637-0429**

**E-MAIL: disclosure.department@econdoservices.com**

The Disclosure Department of eCondoServices acknowledges your request for disclosure documentation. Before your request can be processed, we require that you complete the sections below and the sections on the following pages:

<b>UNIT INFO</b>	<b>UNIT NUMBER</b>	<b>NAME OF CONDOMINIUM</b> <b>PROVIDENCE POINT</b>	<b>VILLAGE</b>
	Name of Owner(s) / Owner(s) Representative		Day Phone Number
	Unit Address		
	Real Estate Agent's Name		Day Phone Number
	Escrow Company (if known)		Day Phone Number

**DELIVERY**

Please select one of the following delivery options.

I will pick up the Resale Certificate. Please contact me once it is available. (Please choose one.)

I want a hard paper copy of the resale certificate.  
OR  
(for an additional \$150.00 to cover printing and materials)

Please mail the Resale Certificate (for an additional \$35.00 to cover S&H) to the following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

OR

Please e-mail a PDF copy of the resale certificate to

E-mail address: \_\_\_\_\_

**PLEASE MAIL OR FAX THIS COMPLETED FORM TO:**

eCondoServices, LLC  
Attention: Providence Point Disclosure Department  
P.O. Box 50444  
Bellevue, WA 98015-0444

Phone: (425) 637-0412      Fax: (425) 637-0429

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment have been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.

**PAGE 1 OF 3**

Current Owner or their Representative must complete this Section.

**ITEM 17 (9): NON-CONFORMING UNIT ALTERATIONS (Check One)**

- A. There are no alterations or improvements to the Unit or to the limited common elements assigned thereto that violate any provisions of the Declaration.
- B. Attached hereto as Exhibit 17 (9) is a statement describing any alterations or improvements to the Unit or to the limited common elements assigned thereto that violate any provision of the Declaration.

**ITEM 19 (11): CODE VIOLATIONS (Check One)**

- A. There are no violations of the health or building codes with respect to the Unit, the limited common elements assigned thereto, or any other portion of the Condominium.
- B. Attached hereto as Exhibit 19 (11) is a statement describing any violations of the health or building codes with respect to the Unit, the limited common elements assigned thereto, or any other portion of the Condominium.

I certify under penalty of perjury under the laws of the State of Washington that I am an owner of the Unit or the Unit Owner's Agent, and that, to the best of my knowledge and belief, the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Unit Owner's/Unit Owner's Agent's Signature)

\_\_\_\_\_  
(Unit Owner's/Unit Owner's Agent's Signature)

**Check Delivery Time Requested (Check One)**

- \$520.12 **Two Standard Resale Certificates** (\$475.00 + WSST) Due to the existence of an umbrella association at Providence Point, two (2) Resale Certificates are required. I understand that these Resale Certificates will be completed within 10 days (excluding weekends and holidays) of receipt of payment and this written request form at eCondoServices's office. I further understand that these Resale Certificates will be good for 45 days from completion date.
- \$624.62 **Two Expedited Resale Certificates** (\$575.00 + WSST) Due to the existence of an umbrella association at Providence Point, two (2) Resale Certificates are required. Because time is of the essence in this matter, I require expedited preparation of these Resale Certificates. I understand that these Resale Certificates will be completed within 72 business hours (3 days) (excluding weekends and holidays) of receipt of payment and this written request form at eCondoServices's office. I further understand that these Resale Certificates will be good for 45 days from completion date.

**Check One**

- No Minutes Requested.**
- \$71.17 **Twenty-Four Months of Minutes** (\$65.00 + WSST) In addition to the Resale Certificate, I am in need of the Association minutes from the past 24 months. NOTE: Some Association's do not meet monthly.

**I require an update.** My original Resale Certificates have expired (45 days past completion date). I would like to order two **Updated Resale Certificates.**

- \$221.12 - up to 3 months past completion date.
- \$261.12 - 3 to 6 months past completion date.
- \$301.12 - 6 to 12 months past completion date.
- I received minutes with my original request and would like **updated minutes.**

\$35.00 **Mailing.** I wish to receive a physical copy of documents mailed to me, as indicated on Page One. I am including additional payment for S&H.

**TOTAL COST OF SELECTED DOCUMENTS AND SERVICES:**

**PAYMENT OPTION 1 BY CREDIT CARD**    

For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing.  
ALL INFORMATION IS CONFIDENTIAL.

**PAYMENT**

Requester's Name

Card Holder's Name

Billing Address

City/State/Zip

Card Number                     Expiration Date   /

3 Digit Card Verification Number (CVV2 Code)    Payment Amount \_\_\_\_\_

Signature of Requestor(s) \_\_\_\_\_ Date \_\_\_\_\_

**Charge backs will be considered delinquent and subject to collection provisions outlined in Authorization Section below.**

**OR PAYMENT OPTION 2 PRE-PAYMENT BY CHECK**  (Disclosure work will not commence until payment is received)

Requester's Name

Signature of Requestor(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates payment has been mailed to:  
**eCondoServices, LLC, Attention: Providence Point Disclosure Department**  
P.O. Box 50444, Bellevue, WA 98015-0444

**AUTHORIZATION**

eCondoServices, LLC requires a duly authorized agent or the seller to sign below accepting the terms of eCondoServices's disclosure work and agrees to pay the charges described herein.

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.**  
**THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED CERTIFICATE WORK AND AGREES TO THE SAME. FURTHER, THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THESE REQUESTED CERTIFICATES ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THESE CERTIFICATES ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.**

Name of Requestor(s)

Title (If Applicable)

Company (If Applicable)

Signature of Requestor(s) \_\_\_\_\_ Date \_\_\_\_\_