



# Oaks North Community Center, Inc.

"An Age 55+ Community"

www.oaksnorthcommunity.org

## ESCROW DOCUMENT ORDER FORM

I certify that I am the current Owner of Record, authorized Managing Agent or Legal Representative for a property in a development which is part of Oaks North Community Center for the following property address:

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

	<b>Documents Requested – Escrow document fees must be paid in advance by check or money order made payable to ONCC (Oaks North Community Center.)</b>	<b>Cost</b>
	<b>CC&amp;R's (Property in Oaks North 2, 3, or 6 &amp; Oaks North Estates)</b>	<b>\$ 50.00</b>
	<b>BYLAWS</b>	<b>\$ 25.00</b>
	<b>ARTICLES OF INCORPORATION</b>	<b>\$ 15.00</b>
	<b>CURRENT ASSOCIATION BUDGET/ANNUAL POLICIES</b>	<b>\$ 25.00</b>
	<b>AUDITED FINANCIAL STATEMENT</b>	<b>\$ 25.00</b>
	<b>RESERVE STUDY</b>	<b>\$ 25.00</b>
	<b>MEMBER ACCOUNT ACTIVITY LEDGER</b>	<b>\$ 10.00</b>
	<b>STATEMENT OF FACTS:INCLUDES - INSURANCE CERTIFICATION, INTERNAL DISPUTE, LITIGATION INFORMATION AND COLLECTION POLICIES</b>	<b>\$ 25.00</b>
	<b>12 MONTHS OF BOARD MEETING MINUTES</b>	<b>\$ 30.00</b>
	<b>AGE VERIFICATION FORM</b>	<b>\$ 10.00</b>
	<b>RULES AND REGULATIONS</b>	<b>\$ 10.00</b>
✓	<b>MANDATORY DOCUMENT PACKAGE PREP FEE</b>	<b>\$100.00</b>
	<b>The following are optional and available separately</b>	
	<b>RUSH ORDER – (3-5 business day turn around – paid in advance)</b>	<b>\$ 50.00</b>
	<b>CERTIFICATE OF INSURANCE</b>	<b>\$ 10.00</b>
	<b>UPDATED STATEMENT OF FACTS</b>	<b>\$ 25.00</b>
	<b>INSURANCE CERTIFICATION, INTERNAL DISPUTE &amp; COLLECTION POLICIES</b>	<b>\$ 25.00</b>
✓	<b>TOTAL DOCUMENT REQUEST</b>	<b>\$ _____</b>
	<b>The following can be ordered and/or paid at the close of Escrow</b>	
	<b>TRANSFER FEE</b>	<b>\$100.00</b>
	<b>GATE ACCESS KEY FOB – NEW OR REPLACEMENT</b>	<b>\$ 50.00</b>

Providing this information to a buyer is a condition for the purchase of the property and is the responsibility of the seller or Escrow Officer. The purchaser agrees to keep said information confidential except as required to comply with the law. Duplication of these documents except by written consent is prohibited and documents duplicated independently of the of the Oaks North Community Center office cannot be verified as current or authentic.

By Signature I verify that I am the current Owner of Record, authorized Managing Agent or Legal Representative and I will provide supporting documents upon request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_