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| --- | --- | --- | --- | --- | --- |
|  | | **Iconic Title Agency LLC​​**  1815 Lakewood Road, Suite 127​​  Toms River, NJ 08755​​  Phone: (732) 592-4400​​  Fax: (732) 592-4149​​ | | | |
| TO: | ​​   ​​   ​​   ​​ | |  | Order No.: | ITA- | |
|  |  | Owner: | ​​ | |
|  |  | Property: | 2305 Pendleton Street​​  Memphis, TN 38114​​ | |

A transaction has been opened with this office covering the sale of the above referenced property.

In connection therewith we request that you furnish us with data so that proper transfer of association membership may be affected.

Please advise us to amounts and manner in which payments are to be made, any requirements you might have for transfer of membership, and any proposed changes in assessments.

**IF A BLANKET HAZARD INSURANCE COVERAGE IS IN EFFECT ON SUBJECT PROPERTY, PLEASE FURNISH INFORMATION REGARDING SAME, AND PARTICULARLY IF PREMIUM IS INCLUDED IN THE FEES OR DUES.**

We have enclosed a form for your use, however, any form you wish to use to answer all of the information requested will certainly be acceptable to us.

**PLEASE FORWARD THE FOLLOWING HOMEOWNER’S ASSOCIATION DOCUMENTS:**

 ​​

Your cooperation is greatly appreciated.

Sincerely,

Iconic Title Agency LLC​​

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​

Phone: (732) 592-4400​​

Fax: (732) 592-4149​​

Email:  ​​

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| To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​ |  | Order No.: | ITA-202298​​ |
|  | Iconic Title Agency LLC​​  1815 Lakewood Road, Suite 127​​  Toms River, NJ 08755​​ |  | Property: | 2305 Pendleton Street​​  Memphis, TN 38114​​ |

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| The undersigned association or its agent advises that as of this date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 1. Association dues or fees are presently | | | | | | $ | | | | | | | | | | | | per | ​​ | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| and are now paid to | | | ​​ | | | | | | and next due | | | | | | ​​ | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 2. Outstanding or delinquent fees or dues have now accrued in the amount of | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| covering the period | | | ​​ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 3. Late charge, if any, are | | | | $$ | | | per | | | ​​ | | | | | | | | | after payment is | | | | ​​ | | | | | | days late. | | | |
|  | | | |  | | | | | | |  | | |  | | | | |  | | | | | |  | | | |  | | | |
| 4. Transfer fee, if any, is | | | | $$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 5. Blanket hazard insurance on the building, is with | | | | | | | | ​​ | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| Insurance Company, Policy No. | | | | | ​​ | | | | | | | | expiring | | | ​​ | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| and agent is | | ​​ | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| whose address is | | | ​​ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| Agent’s phone no. | | | ​​ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| Is members portion of Insurance Premium is included in dues or fees stated above? | | | | | | | | | | | | | | | | | | | | Yes | | ​​ | |  | | No | ​​ | | |  | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 6. Hazard insurance on unit is carried separately by members on their units | | | | | | | | | | | | | | | | | | |  | Yes | | ​​ | |  | | No | | ​​ | | |  | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  |
| 7. Additional requirements, other than as stated above, for transfer of membership are: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | ​​ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ​​ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| At close of your escrow, advise us the name of new owner and the date of transfer of title. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
|  | ​​ | | |
|  | By: | ​​ | |
|  | Mailing Address: | | ​​ |
|  | City, State, Zip: | | ​​ |
|  | Phone No.: | | ​​ |