| | ΚΕΝΤUCKY F | REAL ESTATE COMMIS | SSION | | |
|-------------------------------------------------|---------------------------|----------------------------------------------------|--------------------|---------------------------|--|
| Attn: Kentucky Real Estate Authority | | | | | |
| | | lic Protection Cabinet | | | |
| | • | o-Underwood Building | 20 | | |
| | | Street, Second Floor 2NE0 kfort, Kentucky 40601 | 99 | | |
| | Fidii | (502) 564-7760 | | | |
| | CONDOMIN | NIUM SELLER'S CERTIFIC | ATE | | |
| Condominium Certificate conce | erning Condominium | Unit | , in Building | , of | |
| | , a condomi | inium project, located at _ | | | |
| (Address), City of | | _ , County of | | , Kentucky, on | |
| behalf of the condominium ow | | | | | |
| 1. The Declaration 🗆 Does | \Box Does not contain a | a right of first refusal or o | other restraint th | at restricts the right to | |
| transfer the Unit. If a right | of first refusal or oth | er restraint exists, see Sec | tion | of the Declaration. | |
| 2. The monthly common expe | ense assessment for t | he Unit is \$ | per | | |
| 3. There \Box is \Box is not a cor | nmon expense, emei | rgency assessment, or spe | ecial assessment | due and unpaid by the | |
| Seller to the Associatio | n. The total un | paid amount is \$ | | and is for | |
| | | | | | |
| 4. Other fee amounts \Box are | | ble by Seller to the Asso | ociation. The t | otal unpaid amount is | |
| \$ and is | | | | | |
| 5. Capital expenditures antici | | | | | |
| \$ | . , | | , | | |
| 6. Reserves for capital expend | itures are \$ | , of which \$ | | has been designated for | |
| 7. Attached are the current o | perating budget of the | he Association and most r | ecent regularly | prepared balance sheet | |
| and income and expense st | atement, if any, of th | e Association. | | | |
| 8. The date of the most cu | rrent financial repor | rt prepared for the Asso | ciation, pursuar | nt to KRS 381.9197, is | |
| | | · | | | |
| 9. The amount of any unsatisf | ied judgments agains | st the Association is \$ | | · | |
| 10. There 🗆 are 🗆 are not an | y suits pending again | st the Association or any p | pending suits in v | which the Association is | |
| named party and the amou | nt in dispute or conte | est is more than ten thous | and dollars (\$10 | .000). The status of the | |
| pending suits (if any) is | - | | | | |
| | | | | | |
| 11. The Association 🗆 does | □ does not mainta | ain insurance coverage. | A 🗆 statemen | t describing the | |
| insurance maintained by | the Association or | a \Box certificate of insura | ince issued to t | he Association is | |
| attached. | | | | | |
| | | | | | |
| KREC Form 404 10/2019 | | Page 1 of 2 | | | |

| Kentucky Real Esta | re Commission | | | |
|---------------------------------------------------------------------|-----------------------------------------------|--|--|--|
| Attn: Kentucky Real Es | | | | |
| Public Protection | | | | |
| Mayo-Underwoo 500 Mero Street, Seco | - | | | |
| Frankfort, Kentud | | | | |
| (502) 564-7 | • | | | |
| | R'S CERTIFICATE | | | |
| 12. A portion of the condominium \Box is \Box is not situated u | pon a leasehold estate. The remaining term of | | | |
| any leasehold estate that affects the condominium is | and the provisions | | | |
| governing an extension or a renewal of the lease are: | | | | |
| 13. The Association \Box does \Box does not have pet restrictio | ns. | | | |
| 14. The Association \Box does \Box does not have rental restric | tions. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Address of Prop | perty) | | | |
| | | | | |
| 15. The name, mailing address and telephone number of th | e Association's authorized agent are: | | | |
| Name and Phone Number: | | | | |
| Mailing Address: | | | | |
| | and Collor(c) | | | |
| Initialed for identification by Buyer(s) | | | | |
| | | | | |
| REQUIRED ATTACHMENTS: | | | | |
| 1. Operating Budge & any Balance Sheets | | | | |
| 2. Insurance Summary | | | | |
| 3. Rules and Bylaws of the Association | | | | |
| 4. The Declaration other than Plats & Plans | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |