#### **BUYER'S AFFIDAVIT**

	Date:A	onil 6,2016
PURCHASER (S): GIEEN	Pointe manag	ement
· F	(Please print name)	
SELLER(S): <u>Caliber</u>	home Loan	's INC.
	(Please print name)	
CONCERNING THE SALE OF: _	9702 Plymo	10th AVR
	(Address of property being soic	1)
We, the buyer(s) of the above of said "Point of Sale Inspection correcting all existing remaining Report within 90 days after transfer.	on." We will assume the ng violations on the curr	responsibility for
•		
The undersigned having been duly swe affidavit are true, to the best of their kn	owledge and belief.	<del>"</del> "
Purchaser: Green Pointe Purchaser:	Management Date: 1	1 pril 6,2016
Purchaser:	Date: A	pril 6, 2016
¥		
Seller:	Date:	
Seller:	Date:	
	4th some 1	~ 1 u
Subscribed and swom to me this	day or	<u>pril, 20/6</u> .
By: TOXXIII	buyer/seller name(s) from photo	Valery J. Dressler Notary Public
Notary Public:	twosely (	Cuyahoga County, OH
My commission expire		My Commission Expires

Note: All homes with rehab work being done - Construction debris CANNOT be placed on the tree lawn, MUST rent a dumpster. Residential rubbish collection cannot handle large pick-ups. Dumpster placement CANNOT be in right-of-way.

# City of Garfield Heights

## **Building Department**

#### -CONFIDENTIAL-

### **Buyers Application to Obtain Compliance Certificate**

		the state of the s
ROPERTY ADDRESS:	9702 Ply	mouth Ave.
ingle Double (Check one)		***
	(INDIVIDUALS	ONLY
	( INDIVIDUALS	ONDI)
WNER #1 INFORMATION	(as will be titled on Deed)	
lame of Purchaser:		
Address:		
hone # (H)	(W)	E-Mail
S.S. #:	**	
WNER #2 INFORMATION	(as will be titled on Deed)	
T Programme to the second		
Name of Purchaser:		
Address:	(37.57)	*** * * - * *
**Tone # (H) S.S. #:	(W)	E-Mail D.O. B.: / /
J.J. #.		D.O. B.:///////_
orporation, or any other business a	entity, please disclose the nam	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member,
orporation, or any other business en nanager, associate, or officer, which	est, business trust, estate, parti- entity, please disclose the name thever applies below: (See Ag	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, tent/Owner Information Section)
orporation, or any other business en anager, associate, or officer, which company/EntityName:	est, business trust, estate, partientity, please disclose the name thever applies below. (See Age Point ain Rd. Suit	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He management:  1 201 Fatevier Park, of 44/12
orporation, or any other business en anager, associate, or officer, which company/EntityName:	est, business trust, estate, partientity, please disclose the name thever applies below. (See Age Point ain Rd. Suit	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He management:  1 201 Fatevier Park, of 44/12
orporation, or any other business en anager, associate, or officer, which company/EntityName:  Address: * 21380 Loa Street (No P.O. AGENT/OWNER NAME: L.	ist, business trust, estate, partientity, please disclose the name thever applies below. (See Agricular Adv. Suit. Boxes) obert P. Gilles	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  Spire
company/EntityName:  Company/EntityName:  Street (No P.O. AGENT/OWNER NAME:  TTLE:  MANAGING 100	st, business trust, estate, partientity, please disclose the name thever applies below. (See Age of the Name of th	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He management:  City, St, Zip  City, St, Zip
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME: L  TITLE: Managing for those # 330 635 -	ist, business trust, estate, partientity, please disclose the name thever applies below. (See Agricular Roll Science Control Science Point Boxes)  obeat P. Gilles  oran Road su  entity, please disclose the name the set of the set o	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He management:  City, St, Zip  City, St, Zip
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME:  ADDRESS: 21386 Loa  hone # 330 35	st, business trust, estate, particular, please disclose the name thever applies below. (See Agricular Rd. Suit Boxes)  Boxes)  Boxes)  Boxes	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  HE MANGGEMENT:  City, St., Zip  Spire
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME:  ADDRESS: 21386 Loa  Chone # 330 635  TAX ID: 26-1628768	st, business trust, estate, particular, please disclose the name thever applies below. (See Agricular Rd. Suit Boxes)  obselt P. Gilles	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He management:  City, St, Zip  City, St, Zip  Alter 201 Enixuiew Park, of 44  1 Address Robe Cobthe house Guy. C
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME: &  TILE: MANAGING PO  ADDRESS: 21380 Loa  TAX ID: 26-1628768  If Company is located outside the	ist, business trust, estate, particular, please disclose the name thever applies below. (See Agricular Ad. Suit Boxes)  obeat P. Gilles	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  Altered with Ohio Secretary of State as a Foreign
Company/EntityName:  Company/E	ist, business trust, estate, particular, please disclose the name there applies below. (See Agricular Adr. Suit Boxes)  Boxes)  Boxes)  Boxes	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  HE MANAGE MENT:  City, St, Zip  City, St, Zip  Alter 201 Entrule Part, of 44  I Address Rob & lob the house Guy. Constend with Ohio Secretary of State as a Foreign out.
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O.  AGENT/OWNER NAME: L  TILE: Managing for the properties of	st, business trust, estate, particular particular please disclose the name there applies below. (See Agricular Point Poi	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  City, St, Zip  Address Robe Robthe house Guy. Country  istered with Ohio Secretary of State as a Foreign out.  Out-of state owner
company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME: L  ADDRESS: 21380 Loa  TAX ID: 26-1628768  If Company is located outside the corporation. (O.R.C. 1703) and the	ist, business trust, estate, particular, please disclose the name there applies below. (See Agricular Adr. Suit Boxes)  Boxes)  Boxes)  Boxes	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  City, St, Zip  Address Robe Robthe house Guy. Country  istered with Ohio Secretary of State as a Foreign out.  Out-of state owner
Company/EntityName:  Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME:  ADDRESS: 21386 Loa  Shone # 330 635  TAX ID: 24-1628768  If Company is located outside the corporation. (O.R.C. 1703) and the	st, business trust, estate, particularly, please disclose the name thever applies below. (See Agricular Adrian Policy Society Policy Society Policy Society Policy	nership, limited partnership, LLC, association, we of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  Address Robe Cotthe house Guy. Court-of state owner  3)
Company/EntityName:  Address: * 21380 Loa Street (No P.O AGENT/OWNER NAME: L ADDRESS: 21386 Loa Phone # 330 635 - SS # TAX ID: 26-1628768  If Company is located outside the Corporation. (O.R.C. 1703) and the	st, business trust, estate, particularly, please disclose the name thever applies below. (See Agricular Adrian Policy Society Policy Society Policy Society Policy	nership, limited partnership, LLC, association, ne of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  Address Rose Cotte house Guy. Courted with Ohio Secretary of State as a Foreign out.  Out-of state owner  3)
Company/EntityName:  Address: * 21380 Loa  Street (No P.O  AGENT/OWNER NAME: L  ADDRESS: 21380 Loa  Phone # 330 35  TAX ID: 26-1628768  If Company is located outside the Corporation. (O.R.C. 1703) and the	st, business trust, estate, particularly, please disclose the name thever applies below. (See Agricular Adrian Policy Society Policy Society Policy Society Policy	nership, limited partnership, LLC, association, we of the Trustee, executor, general partner, member, gent/Owner Information Section)  He Manage Ment:  City, St, Zip  City, St, Zip  Address Robe Cotthe house Guy. Court-of state owner  3)

#### **OCCUPANCY INFORMATION**



If we are purchasing the above property for		_	
To Reside in / Occupy For		_To Rent**	HOWER
Will owner occupy property? Yes N	(Circle One)		
Total Number of prospective occupants:	<del>diliano de morale</del>		
** Rental registration and approval require	d prior to Occupancy		
Name(s) of Occupants:			
Names/ages of children and/or occupants:		and the control of th	
Name:	Age:		
Name:	Age:		
Name:	Age:		
Name:	Age:	MONAMAN COMPANY	
By signing this I acknowledge seeing a copy of the 9702 Ply mouth Garfield Heights, OH	e Point of Sale violation re	port for the addre	ss of:
#1 Buyer Signature: Green Point			
#2 Buyer Signature :			
Subscribed and sworn to me this 4th day of	of <u>April</u> , 2016.	A <sup>1</sup> .	<u>,                                    </u>
(Please print buyer(s) name(s) here from photo ID)	•		
By: PODON AILLISPIC		Vəlanı.	J. Dressler
1	· · · · · · · · · · · · · · · · · · ·	Nota	ry Public
Ву:		Cuyahoga	a County, OH
Notary Public: (1001100) My c	ommission expires:	My Comm Octob	ission Expires er 4, 20 <i>1</i> 9
Proposed Transfer Date://			