

BUYER'S AFFIDAVIT

Date: April 6, 2016

PURCHASER (S): Green Pointe management
(Please print name)

Purchaser Social Security #(s): _____

SELLER (S): Caliber home Loans INC.
(Please print name)

CONCERNING THE SALE OF: 9702 PLYMOUTH AVE
(Address of property being sold)

We, the buyer(s) of the above noted property acknowledge receipt of a copy of said "Point of Sale Inspection." We will assume the responsibility for correcting all existing remaining violations on the current Point of Sale Report within 90 days after transfer of title.

The undersigned having been duly sworn says that all statements contained in the foregoing affidavit are true, to the best of their knowledge and belief.

Purchaser: Green Pointe Management Date: April 6, 2016

Purchaser: _____ Date: April 6, 2016

Seller: _____ Date: _____

Seller: _____ Date: _____

Subscribed and sworn to me this 4th day of April, 2016.

By: Robert Gillespie
(Please print buyer/seller name(s) from photo ID)

Notary Public: [Signature]

My commission expires _____



Valery J. Dressler
Notary Public
Cuyahoga County, OH
My Commission Expires
October 4, 2019

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

Date: 4/6/2016

PROPERTY ADDRESS: 9702 Plymouth Ave.
Single Double (Check one)

(INDIVIDUALS ONLY)

OWNER #1 INFORMATION (as will be titled on Deed)

Name of Purchaser: _____
Address: _____
Phone # (H) _____ (W) _____ E-Mail _____
S.S. #: _____ D.O. B.: ____/____/____

OWNER #2 INFORMATION (as will be titled on Deed)

Name of Purchaser: _____
Address: _____
Phone # (H) _____ (W) _____ E-Mail _____
S.S. #: _____ D.O. B.: ____/____/____

(Non Individuals Only)

If the property will be titled as a trust, business trust, estate, partnership, limited partnership, LLC, association, corporation, or any other business entity, please disclose the name of the Trustee, executor, general partner, member, manager, associate, or officer, whichever applies below. (See Agent/Owner Information Section)

Company/Entity Name: Green Pointe Management
Address: * 21380 Lorain Rd, Suite 201 Fairview Park, OH 44128
Street (No P.O. Boxes) City, St, Zip

AGENT/OWNER NAME: Robert P. Gillespie
TITLE: MANAGING PARTNER
ADDRESS: 21380 Lorain Road suite 201 Fairview Park, OH 4426
Phone # 330 635-9717 E-Mail Address Rob@RobthehouseGuy.com
SS # _____ D.O.B. ____/____/____

TAX ID: 26-1628768

* If Company is located outside the State of Ohio, it must be registered with Ohio Secretary of State as a Foreign Corporation. (O.R.C. 1703) and the section below must be filled out.

Designation of filing agent by out-of state owner
(O.R.C. 5323.03)

OHIO AGENT NAME: _____
ADDRESS: _____
Street (No PO Boxes) City, St, Zip
Phone #: _____ E-Mail Address _____
SS # _____ D.O.B. ____/____/____



OCCUPANCY INFORMATION

I/We are purchasing the above property for:

_____ To Reside in / Occupy For Rehab / Resale To Rent**

Will owner occupy property? Yes No (Circle One)

Total Number of prospective occupants: _____

**** Rental registration and approval required prior to Occupancy**

Name(s) of Occupants:

Names/ages of children and/or occupants:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

By signing this I acknowledge seeing a copy of the Point of Sale violation report for the address of:

9702 Plymouth Ave.

Garfield Heights, OH

#1 Buyer Signature: Green Pointe Management.

#2 Buyer Signature: _____

Subscribed and sworn to me this 4th day of April, 2016.

(Please print buyer(s) name(s) here from photo ID)

By: Robert Gillespie

By: _____

Notary Public: [Signature] my commission expires: _____



Valery J. Dressler
Notary Public
Cuyahoga County, OH
My Commission Expires
October 4, 2019

Proposed Transfer Date: _____