



The City of Garfield Heights

Building Department

AFFIDAVIT

Date: 01/11/2023

PURCHASER (S): Nicholas D Lepinski
(Please print name)

Purchaser D.O.B: January 10, 1999

SELLER (S): Eleanor Scobee
(Please print name)

CONCERNING THE SALE OF: 5036 East 93rd St Garfield Hts OH 44125
(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: Nicholas Lepinski Title: _____ Date: _____

Purchaser: _____ Title: _____ Date: _____

Seller: Eleanor Scobee dotloop verified 01/10/23 3:59 PM EST J2CG-8DK8-DWMB-LLEZ Date: _____

Seller: _____ Date: _____

Subscribed and sworn to me this _____ day of _____, 20__.

By: Nicholas D Lepinski
(Please print buyer/seller name(s) from photo ID)

Notary Public: _____

My commission expires: _____

City of Garfield Heights
Building Department



~~CONFIDENTIAL~~

Buyers Application to Obtain Compliance Certificate

Date: 01 / 11 / 2023

PROPERTY ADDRESS: 5036 E 93rd St, Garfield Hts OH, 44125
Single Double (Check one)

(INDIVIDUALS ONLY)

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

Name of Purchaser: Nicholas D Lepinski
Address: 17 Coral Ct
City: Colonia State: NJ Zip: 07067
Phone # (H) 732-850-6908 (W) _____
E-Mail nlepinski17@gmail.com
D.O. B.: 01 / 10 / 1999

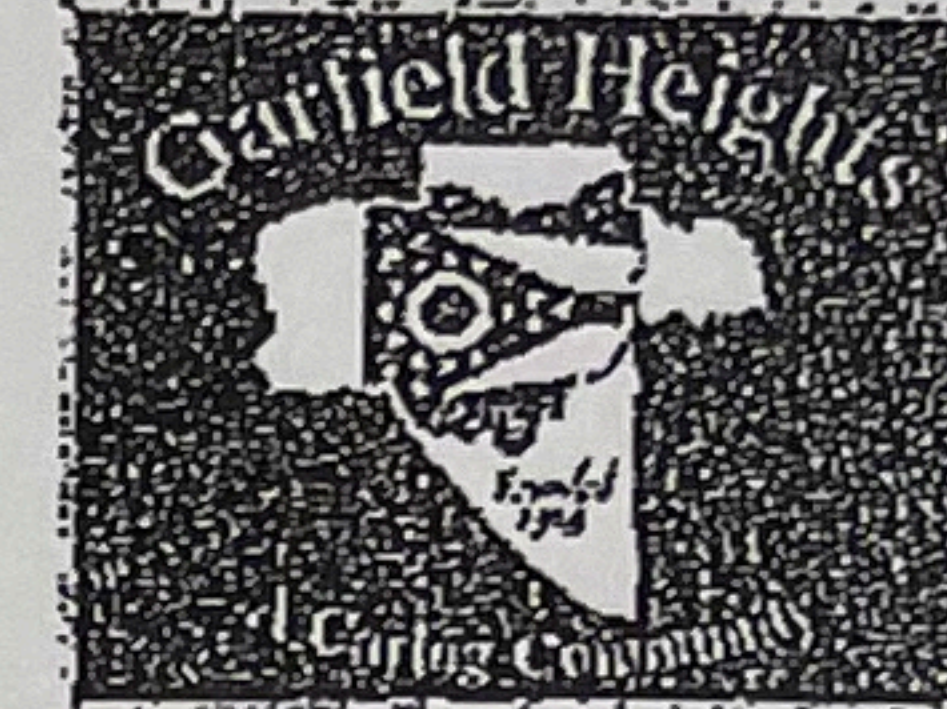
OWNER #2 INFORMATION (as will be titled on Deed) **Please Print**

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

***(FOR OUT OF STATE OWNERS)**

AGENT NAME: Chris Kaylor
ADDRESS: _____
Street (No PO Boxes) _____ City, St, Zip _____
Phone #: 330-840-1073 E-Mail Address chrisc.kaylor@gmail.com
D.O.B. ____ / ____ / ____

- The purpose of the inspection is to benefit the community at large and is not intended to protect the interests of any individual, owner, successor owner or occupant of the property. The City assumes no liability or responsibility for failure to report violations that may exist and does not warrant the repairs made pursuant to the inspection.



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:

Garfield Heights, OH

#1 Buyer Signature: Nicholas Lepinski

#2 Buyer Signature: _____

Subscribed and sworn to me this 11 day of Jan, 2023.

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

By: Nicholas D Lepinski

By: _____

Notary Public: _____ my commission expires: _____

Proposed Transfer Date: 01, 17, 2023