

8055 E Tufts Ave, Suite 300 Denver, CO 80237 Phone: (303)476-5800 / Fax: 866-300-8568

## **OWNERS ASSOCIATION STATUS REQUEST**

Date: Closing Date: Date Needed By: Order No.: Current Owner(s): New Owner(s): Property: Subdiv./Assc.:	October 10, 2024 October 31, 2024 October 18, 2024 598-HS0837031-415 Brenda Camp and Jamin Camp Russell Thomas 5705 S Quatar Ct, Centennial, CO 80015-3554	
Legal Desc.:	5705 S Quatar Ct, Centennial, CO 80015-3554, Lot 1, Block 1	
То:		1 ts Ave. Suite 300 outger≜CO 80207 1722 866-966 877
There is a pending sa association assessment	sale for the above property and we are required by Colorado law to denents that may be due. Please complete the form below and return it	etermine the status of any to:
April Boje, Phone	e: 303-264-1246, Fax: 303-628-2477, or email to aboje@fnf.com.	
By providing this information.	ormation, you are also confirming that you have the authority from t	he association to provide
The Assessments are Assessment is due or		94 (date)
<ul> <li>☐ Monthly</li> <li>☐ Quarterly</li> <li>☐ Bi-annually</li> <li>☐ Annually</li> <li>☐ Irrigation Season</li> </ul>		
Please collect \$	at closing to cover the following period Wa	
Assessment includes:	s: (Mark all that apply)	•
□ Domestic Water a □ Irrigation Water □ Trash □ Maintenance □ Other	and Sewer	eu st <b>atus c</b> f any
Fiscal Year runs from	$_{\rm m}$ $l/l$ $_{\rm to}$ $l_2/3l$ (e	xample January-January)
	amount (if applicable):n/a	xample January-January)
Reason for asses		
Effective date and	nd term of assessment:N&	
☐ Paid ☐ Due	9	
Owners Association Status Rec COD1048.doc / Updated: 05.2:		Printed: 10.10.24 @ 02:21 PM by W-FFAH-01610.114152-HS0837031

## OWNERS ASSOCIATION STATUS REQUEST (continued)

Working Capital \$ □ C	Collect from Buyer _		Credit Seller/Debit B	suyer
Does the association issue STOCK CER			,	
Transfer Fee: \$	Make Check Pa	vable to:		
Transfer Fee: \$	 Make Check Pa	yable to:	olan Associa	ites
Insurance Co.: American Family	Agent: _ <b>W</b>	elsch	Phone/Fax:	303-444-0990
Make Association Dues Check Payable to	o: <u>nla</u>			
Mail Checks to: Dolan Associo	rtes			
1250 S. Bu	relety Re	1 Unit	I #230	
IS THERE A SUB and/or MASTER ASSO		DINO		
Name of SUB OR MASTER Association:			Phone or Fax No ·	
Current Covenant Violations:   Yes	No If Yes, Explain _			
Is there any <b>pending litigation</b> to which t				
If Yes, Explain			on is a party: Li Yes	LI-NO
			***************************************	
Fee Summary		de La		
Fees Due to Management Co:				
Description: Status (eller)			Amount: \$	25 <b>0</b> ,80
Description:			Amount: \$	
Description:			Amount: \$	
			Total: \$ <u>2</u> 5	50,00
Fees Due to Master HOA:				
Description:	,		Amount: \$	
Description:			Amount: \$	TO A STATE OF THE SECOND S
Description:		and burner	Amount: \$	II No
			Total: \$	
The above information is true and accurat	e to the best of my	knowledge.		
Kinh i mi				
Chistra Martinez	·	_	120 280-94	72
HOMEOWNERS ASSOCIATION OFFICE	:R	D	aytime Phone No.	
Owners Association Status Request COD1048.doc / Updated: 05.23.24	Page 2			10.10.24 @ 02:21 PM by 1610.114152-HS0837031

## **OWNERS ASSOCIATION STATUS REQUEST**

(continued)

Please give me a call at 303-264-1246 or email me at aboje@fnf.com if you have any questions.

Heritage Title Company - DTC

April Boje

EPU Escrow Processor

aboje@fnf.com

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