

**ATTORNEYS TITLE & CLOSING SERVICES LLC  
12970 WEST BLUEMOUND ROAD, SUITE 103  
ELM GROVE WI 53122  
PHONE: 262-432-0299  
FAX: 262-432-0211**

TO: \_\_\_\_\_ FROM: \_\_\_\_\_

RE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

UNIT NO.: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

The above property has been sold and we request on behalf of the seller the following information for closing the transaction. We appreciate your assistance:

1. What are the current **monthly/quarterly/yearly** Association fees?  
(circle one)
2. The Association fees have been paid through:
3. List any delinquent fees plus penalties:
4. Are there any current unpaid special assessments due against this unit?  
Type: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_
5. Are there any planned public improvements which may result in a special assessment? (If yes, please describe)
6. Has the Association duly waived its right of First Refusal as provided for in the Declaration on the sale of the unit:  
Yes                      No

HOMEOWNERS ASSOCIATION LETTER