

2018 RESALE DISCLOSURE REQUEST  
SUMMERLIN NORTH COMMUNITY ASSOCIATION

Date: \_\_\_\_\_

**PLEASE ALLOW 10 DAYS FOR PROCESSING**

Dear Association:

I am in the process of selling my property at \_\_\_\_\_. Because I am the seller of a property within a common-interest community I understand that Nevada Revised Statutes, Chapter 116.4109 requires me to make available certain documents to prospective purchasers. In order that I may comply with NRS 116.4109 I am requesting that the Association provide me with the documents listed below within 10 days (the time allowed by law) of receipt of this request form. I understand that I will be charged a fee of **\$50.00 (CHECK OR MONEY ORDER ONLY)**, per applicable association, payable upon pick-up of the documents. *(If the documents are to be mailed, the fee must be included with this request.)*

\_\_\_\_\_  
Owner Name (Please Print)

\_\_\_\_\_  
Owner Signature (Required)

\_\_\_\_\_  
Phone

- ◆ NRS 116.41095, Subsections 1-7
- ◆ Governing Documents of the Association
- ◆ Statement of monthly assessments for common expenses and any unpaid balance currently due on the seller's property
- ◆ Current operating budget and reserve budget
- ◆ Reserve study summary
- ◆ Most recent audit
- ◆ Most recent financial statement
- ◆ Statement of Unsatisfied Judgements and Pending Legal Actions
- ◆ Statement of fees and charges

\*\*\*\*\*

I will take delivery of the Resale Package by (Must select one):

\*If no option is selected you will be provided with a USB Flash Drive\*

**\*USB Flash Drive Now Available (No additional cost)  \* Hard Copy – Paper Package**

Mail to the address below: *(priority mailing fee of \$5.00 must be pre-paid)*

Pick-up at North office *(you will be contacted when the package is ready):*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City State Zip

PLEASE E-MAIL, FAX, OR MAIL TO:  
NORTH.RESALE@HOWARDHUGHES.COM  
2120 SNOW TRAIL, LAS VEGAS, NEVADA 89134  
TELEPHONE (702) 838-5500 FAX (702) 256-2585

-----  
OFFICE USE ONLY

Request Received On: \_\_\_\_\_ Package Completed On: \_\_\_\_\_ Contacted: \_\_\_\_\_

Package Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
Signature