

6(d) CERTIFICATE SALE ADDENDUM

A 6(d) certificate is required for all sales in the state of MA to certify that there are no funds (or the amount of funds) owed to your condominium at the time of your closing. You (or your agent) must communicate with your buyer (or your buyer's agent) to determine when you are closing, what month your condominium fees must be paid through, and when you will need the certificate.

In order to process your 6(d) certificate request in time for your closing, we encourage advanced payment of all condominium fees due through the date of your closing, in cleared funds, and we require submission of all buyer information requested below.

Please keep in mind that personal checks or online bill payments may require up to 10 business days to clear before the 6(d) certificate can be released. To avoid delays in processing, we strongly suggest that all final condominium fee and Lundgren payments be made via money order or a bank cashier's check.

Please have your buyer or their broker complete and return this form to Lundgren Management at

Email: condocommunications@lundgrenmgmt.com
 Fax: 617-887-3330
 Mail: 121 Captain's Row
 Chelsea MA 02150

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|--|--------------------------------------|
| Condominium Association Name: | |
| Street Address: | Unit Number: |
| Seller(s) Name: | |
| Closing Date: | Certificate Needed Through Month of: |
| <p><i>*Important: the closing date will determine the amount of condominium fees due before we can issue your 6(d) certificate. If you are closing near the beginning of the month, the full month's condo fee must be paid in advance.</i></p> <p><i>Example: If closing on February 2, 2015, the full month of February must be prepaid for a "clean" 6(d) certificate unless your buyer (or their closing attorney) will accept a 6(d) certificate through the month of January 2015.</i></p> | |

Buyer Information – **ALL** BUYER FIELDS ARE REQUIRED

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| Buyer Name(s): | | |
| Sales Price (Required for Properties w/ a Right of First Refusal) | | |
| Email Address For Welcome Package: | | |
| Post-Closing Mailing Address, City, State, Zip: | | |
| Phone Number (1): | Phone Number (2): | Phone Number (3): |
| Unit will be: (Please select one) <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment (if L056 requires Board approval) | | |
| Does this person already own other units at this property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which other units at this property?</i> | | |