#### **NO HOMEOWNERS ASSOCIATION - AFFIDAVIT BY SELLER**



Each undersigned, being the seller(s) of the property (“Property”) covered by commitment number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“Commitment”) issued by the title company shown on the Commitment (“Company”), as agent for the underwriter shown on the Commitment (“Underwriter”), being first duly sworn, deposes, states and warrants, that:

1. ***Possession.***  Since \_\_\_\_\_\_\_\_\_\_\_\_\_ (year) I have been in continuous possession of the Property.
2. ***Homeowner’s Association.***  I am aware that documents are recorded against the Property providing that there would be a homeowner’s association for the Property; however, I have never been contacted by anyone representing the homeowner’s association for the Property. Further, I am not aware of a homeowner’s association for the Property being active at this time.
3. ***Charges.*** In the event that there are any outstanding charges or assessments from a homeowner’s associations for the Property, I agree to pay said charges.
4. ***Indemnity.*** I understand that the Company shall rely upon these statements and representations to issue the title insurance policies on the Commitment. I agree to indemnify and hold the Company and the Underwriter harmless from and against any and all loss or damage caused by my misrepresentations, inaccuracies and/or omissions in the above information, plus any cost, expense or liability, including attorneys’ fees, arising from the enforcement of this indemnification.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Subscribed and sworn to before me this day of , 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public, County, Minnesota. My commission (expires) (is permanent). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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