



Closing Checklist

WPM-A08727

November 29, 2024

TO: Paulette@naiman-law.com

RE: Items Required For Closing

Attached, please find the Standard MD Resale Disclosure you recently requested from WP&M Real Estate Group, LLC which was supplied on behalf of the Association. It is important that you review these documents carefully and follow all instructions.

To ensure homeowner transfer is completed by the Management Company, the following items are required to be returned to the address noted below within three (3) business days after settlement.

1. Complete ALL forms and return to the Management Company.
2. Remittance of all funds/checks should be made payable to the appropriate party and amounts per the Schedule of Fees on the Payoff. Please remit separate checks for Buyer and Seller
3. Buyer Information Sheet (see attached)
4. Seller Information Sheet (see attached)
5. Emergency Contact Information Form (see attached)

Incomplete forms or payments will delay transfer process and may cause additional fees being incurred by the parties.

Please ensure that all parties attending settlement understand the importance of promptly completing and forwarding the items requested above. Timely completion of this process is necessary for:

1. Accurate billing for the new owner(s);
2. Timely notification of communications from the Association's Management Company and Board of Directors;
3. Establishment of the new owners' access to the Association Facilities; and
4. Processing of any refunds due to the Seller(s).

In addition, please note that issuance of this Resale Certificate is contingent upon full payment of all fees associated with the transfer as noted on the Closing Remittance Form. If any payment is not honored or is incomplete, the Resale Certificate will be invalid.

Return to:

WPM Real Estate Management c/o Settlement
11433 Cronridge Drive
Owings Mills, MD 21117

Thank you in advance for your cooperation!
WPM Real Estate Management



WP&M Real Estate Group, LLC
11433 Cronridge Dr
Owings Mills, MD 21117-2294
443-796-7400

Disclosure for Maryland Resale WPM-A08727

The CUO of the Imperial Condominium, Inc.
This certificate has been prepared on 11/29/24
on behalf of Interstate Holdings, LLC owner(s) of
6606 Park Heights Avenue #905 , Baltimore, MD 21215.
Purchaser is Lisa Evans.

The Maryland Condominium Act, **Section 11-135(a) & 11-135(c)**, refers to specific information and statements to be obtained from the council of unit owners and provided to the purchaser prior to the contract date of disposition. This Certificate for Condominium Resale is in response to those specific requirements.

This Certificate is valid for 30 Days days from the date of issuance per WPM Real Estate Management's policy.

Any unit owner, either as seller or purchaser, should review carefully this Certificate for Condominium Resale and all attached documents. Please consult with your real estate agent or attorney pertaining to any specific questions or concerns.

SECTION 11-135(a) of the Maryland Condominium Act requires that the purchaser be furnished with a copy of the declaration (other than the plats), the bylaws and the rules or regulations of the condominium:

Please see attached documents.

(i) A statement disclosing the effect of the proposed conveyance of any right of first refusal or other restraint on the free alienability of the unit other than any restraint created by the unit owner:

The condominium instruments do not create any rights of first refusal or other restraints per se on free alienability of the condominium units. However, the covenants, conditions, and rules/regulations set forth in the Governing Documents do impose certain restrictions that are binding on all condominium owners and occupants. These should be reviewed and understood by all successors in title to condominium units.

(ii) A statement setting forth the amount of the common expense assessment and any unpaid common expense or special assessment adopted by the council of unit owners that is due and payable from the selling unit owner:

Current Balance for this unit: Please contact the Law Office of Whiteford, Taylor and Preston at 301-804-3610.

SECTION 11-135(a) of the Maryland Condominium Act also requires that the purchaser be furnished with a certificate containing the following information:

Assessment: \$1,365.17 due Monthly on the 1st. The next assessment is due on 12/1/2024.

Late Fee: 10% will be applied to any payment received 16 days after the due date.

Is there a special assessment for this condominium?

None noted at this time.



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(iii) A statement of any other fees payable by the unit owners to the council of unit owners:

None noted at this time.

(iv) A statement of any capital expenditures approved by the council of unit owners planned at the time of the conveyance which are not reflected in the current operating budget disclosed under subparagraph (vi) of this item:

None noted at this time

(v) The most recent regularly prepared balance sheet and income expense statement, if any, of the condominium.

Please see attached financial statements.

(vi) The current operating budget of the condominium including the current reserve study report, a statement of the status and amount of any reserve or replacement fund, or a statement that there is no reserve fund.

A copy of the reserve study report or a summary of the report can be found as an additional link/attachment titled, Reserve Summary, for this resale package. As of May 31, 2024 the Reserve Fund amount is \$442,193.82

(vii) A statement of any unsatisfied judgments or pending lawsuits to which the council of unit owners is a party, excluding assessment collection suits.

To the best of WPM Real Estate Management's knowledge, as of the date of this certificate, there are no unsatisfied judgments or pending lawsuits where the Association is party to.

(viii) A statement generally describing any insurance policies provided for the benefit of unit owners, a notice that copies of the policy are available for inspection, stating the location at which the copies are available, and a notice that the terms of the policy prevail over the description:

Insurance Carrier:	Harford Mutual Insurance Companies
Agency:	Maury, Donnelly & Parr
Phone:	41-685-4625
Fax:	410-685-3071

Members should obtain their own insurance coverage on their units. All property casualty losses under the master insurance policy are subject to a deductible in the amount of \$5,000.00. In the event of a property casualty covered by the master insurance policy, the owner of the unit where the damage originated is responsible for the master insurance policy deductible.

The terms of the policies prevail over the above description.

(ix) A statement as to whether the council of unit owners has actual knowledge of any violation of the health or building codes with respect to the unit, the limited common elements assigned to the unit, or any other portion of the condominium;

None noted at this time.



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(x) A description of any recreational or other facilities which are to be used by the unit owners or maintained by them or the council of unit owners, and a statement as to whether or not they are to be a part of the common elements:

None noted at this time.

Part of Common Elements: No

In addition to the information contained herein and attached hereto, to fulfill the requirements of the resale contract, you will need a statement by the unit owner(s) as to knowledge of the following:

- (i) That any alteration to the unit or to the limited common elements assigned to the unit violates any provision of the declaration, bylaws, or rules and regulations;
- (ii) Of any violation of the health or building codes with respect to the unit or the limited common elements assigned to the unit; and
- (iii) That the unit is subject to an extended lease under §11-137 of this title or under local law, and if so, a copy of the lease must be provided; and
- (iv) Of the presence of asbestos in the unit, including a description of the location of the asbestos, and whether abatement has been performed in the unit during the occupancy of the owner; and
- (v) A written notice of the unit owner's responsibility for the council of unit owners' property insurance deductible and the amount of the deductible.

This disclosure packet was prepared by WPM Real Estate Management on behalf of The CUO of the Imperial Condominium, Inc. on 11/29/24.

This Certificate is valid for 30 Days days from the date of issuance per WPM Real Estate Management's policy.

ADDITIONAL COMMENTS

Prior to closing, a payoff statement request needs to be ordered by the Title Company. Please inform the Title Company, the request can be ordered through: www.condocerts.com. There is a fee of \$50.00 for a payoff request. An administrative fee of \$125.00 is due at settlement and payable to the management company.



THE IMPERIAL CONDOMINIUM

EMERGENCY CONTACT INFORMATION

OWNER: _____

Home Address: _____

Mailing Address (if different from Home Address): _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

List all occupants living in the home:

Adults: _____ Children: _____

Adults: _____ Children: _____

Adults: _____ Children: _____

Emergency Contact: (PERSON WHO HAS A KEY TO THE HOME)

1 ST Name: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

2 ND Name: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

If you rent your home, please fill in Tenant information:

Name: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

PLEASE RETURN TO:

THE IMPERIAL CONDOMINIUM

c/o WPM Real Estate Management

11433 Cronridge Drive, Owings Mills, MD 21117

Office (443) 796-7400 Fax (443) 796-7188

Email: wpmassociations@wpmlc.com Website: www.wpmlc.com



Sale/Settlement Requirements (Rev. 05-11-22)

BUYER INFORMATION SHEET

Illegible forms will be treated as incomplete.

If an item does not apply, complete by entering "N/A".

Buyer Name (1): _____

Buyer Name (2): _____

Buyer Contact if Buyer is a Business Entity: _____ Title: _____

Buyer Mailing Address:

Street: _____

City: _____, State: _____ Zip: _____

Buyer Phone: (_____) _____ - _____

Buyer Email: _____

Insurance Company: _____ Agent Name: _____

Agent Phone: _____ Policy Number: _____

Buyer Signature Date

Buyer Signature Date

Sale/Settlement Requirements (Rev. 05-11-22)

BUYER INFORMATION SHEET

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Buyer Name (1): _____

Buyer Name (2): _____

Buyer Contact if Buyer is a Business Entity: _____ Title: _____

Buyer Mailing Address:

Street: _____

City: _____, State: _____ Zip: _____

Buyer Phone: (_____) _____ - _____

Buyer Email: _____

Insurance Company: _____ Agent Name: _____

Agent Phone: _____ Policy Number: _____

Buyer Signature Date

Buyer Signature Date