

Resales@Redweek.com

## Fax Back To: (425) 458-4280 - ATTN: Jackie

I THE UNDERSIGNED GIVE MY PERMISSION TO MY RESORT TO RELEASE ANY PERTINENT INFORMATION ABOUT MY OWNERSHIP TO REDWEEK REAL ESTATE. THE TITLE COMPANY OR ATTORNEY FOR THE TRANSACTION. THIS SHALL INCLUDE ANY MORTGAGE OR MAINTENANCE ACCOUNT BALANCES OWNER'S NAME (S): DATE: SIGNATURE (S): OWNER/ ACCOUNT/ CONTRACT #: RESORT NAME: OWNER(s) Do Not Complete Any Areas Below This Point - To be completed by the RESORT POINT ALLOTMENT: WEEK NUMBER OR SEASON: (UNIT: FIXED OR FLOAT) ANNIVERSARY DATE: UNIT #: IS THIS AN RCI POINTS ACCOUNT? WILL RCI POINTS MEMBERSHIP TRANSFER UPON RESALE? YES / NO YES / NO USAGE: **ANNUAL EVEN** ODD OTHER (please explain): NUMBER OF BEDROOMS: NUMBER OF BATHROOMS: SLEEPS: LOCKOUT UNIT: YES / NO LOCKOUT SPLITS INTO: VIEW: FLOATING USAGE: YES / NO HAS 2018 USAGE BEEN RESERVED/BANKED/ASSIGNED OR IS OTHERWISE UNAVAILABLE FOR THE BUYER?: YES/NO IF FLOATING, WHAT ARE THE AVAILABLE USAGE PERIODS: (Such as weeks 1-10 & 45-50, etc) CHECK IN DAY: ANY SPECIFIC WEEKS/HOLIDAYS RESTRICTED FROM RESERVATION: IS THERE AN EXISTING LOAN: LENDER'S NAME & PHONE: (IF YES, PLEASE ATTACH PAYOFF DEMAND) YES / NO 2018 MAINTENANCE FEE TOTAL (Write amount): \$ **2017** MAINTENANCE FEE TOTAL (Write amount): \$ Paid (Circle one): Annually Biannually Quarterly Paid (Circle one): Annually Biannually Quarterly \*Are 2017 And Prior Fees Paid: YES / NO \*Are 2018 Maintenance Fees Paid: YES / NO PROPERTY TAX TOTAL, IF ANY: \$ NEXT FEE DUE DATE & BILLING CYCLE: ARE TAXES INCLUDED IN MAINTENANCE NEXT TAX DUE DATE: FEE TOTAL?: YES / NO **CURRENT SPECIAL ASSESSMENTS:** ANY FEES DUE BEFORE TRANSFER: Assessment Due Date: NUMBER OF WEEKS REMAINING: OWNERSHIP TYPE (CIRCLE ONE): RTU EXPIRATION DATE: **RIGHT-TO-USE MEMBERSHIP DEEDED** RESORT TRANSFER FEE: \$ PAYABLE TO: Are there any Resort Benefits that **DO NOT** transfer upon resale? If yes, please list those benefits: I THE UNDERSIGNED AFFIRM, AS AN EMPLOYEE OF THE DEVELOPER AND/OR RESORT, THAT THE ABOVE INFORMATION IS CORRECT PER THE DATE BELOW. RIGHT OF FIRST REFUSAL IS REQUIRED: Yes or No Completed By:

Phone/Extension

Date

Department/Title

**Print Name**