



# FIDELITY NATIONAL TITLE INSURANCE COMPANY

203 N. LASALLE, SUITE 2200, CHICAGO, ILLINOIS 60601

PHONE: (312) 621-5000

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## CERTIFICATION OF EXEMPT TRANSFERORS

1. \_\_\_\_\_  
(Name of Transferor/Declarant)

\_\_\_\_\_  
(Address of Transferor/Declarant)

Taxpayer ID of Transferor/Declarant \_\_\_\_\_

2. Policy Number \_\_\_\_\_ Escrow Number \_\_\_\_\_

3. This transaction is a sale or exchange of what would be a reportable real estate transaction except for the fact that the transferor is exempt.

Reportable real estate transactions include those involving any present or future ownership interest in:

- (a) improved and unimproved land, including air space;
- (b) inherently permanent structures, including any residential, commercial or industrial building;
- (c) any condominium unit and its appurtenant fixtures and common elements (including land); or
- (d) stock in a cooperative housing corporation.

The term "ownership interest" includes fee simple interests, life estates, reversions, remainders, perpetual easements; and right to possession or use, such as leaseholds, easements or timeshares, if the possession rights, including renewal option(s), have a remaining term of at least 30 years. An option to acquire real estate is not considered an ownership interest.

Said real estate is commonly known as:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

4. Transferor claims exemption by reason of one of the following:

\_\_\_ A. Volume Transferor

The transferor/declarant hereby certifies that the transferor:

- i) has sold or exchanged during either of the prior two calendar years, or
- ii) previously sold or exchanged during the current calendar year, or
- iii) on the date of closing, expects to sell or exchange during the current calendar year, at least 25 separate items of reportable real estate to at least 25 separate transferees and each such item, at the date of closing of such items, was or will be held primarily for sale or resale to customers in the ordinary course of a trade or business.

\_\_\_ B. Transferor is a corporation.

\_\_\_ C. Transferor is a governmental unit.

Under penalties of perjury, I certify that the information provided in Paragraph 4 above is correct and that the number shown in Paragraph 1 of this statement is my correct tax identification number.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Transferor/Declarant)

By: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signatory)