

**OAK HOLLOW ESTATES HOMEOWNERS ASSOCIATION**

**RESALE CERTIFICATE  
Chapter 207, Texas Property Code  
Revised 2011**

Resale Certificate concerning the Property (including any common areas assigned to the Property) located at \_\_\_\_\_, City of Kerrville, County of Kerr, Texas, prepared by the property owners' association ("Association").

- A. The Property \_\_\_is \_\_\_is not subject to a right of first refusal or other restraint contained in the restrictive covenants that restricts the owner's right to transfer the owner's property.
- B. The current regular assessment for the Property is \$\_\_\_\_\_ per year (May 1 to April 30).
- C. A special assessment for the Property due after the date the resale certificate was prepared is \$\_\_\_\_\_ payable as follows:  
\_\_\_\_\_  
\_\_\_\_\_.
- D. The total of all amounts due and unpaid to the Association that are attributable to the Property is \$\_\_\_\_\_.
- E. The capital expenditures approved by the Association for its current fiscal year are \$\_\_\_\_\_.
- F. The amount of reserves for capital expenditures is \$\_\_\_\_\_.
- G. Unsatisfied judgments against the Association total \$\_\_\_\_\_.
- H. There \_\_\_are \_\_\_are not any suits pending against the Association. The style and cause number of each pending suit is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- I. The Association's board \_\_\_has actual knowledge \_\_\_has no actual knowledge of conditions on the Property in violation of the restrictions applying to the subdivision or the bylaws or rules of the Association. Known violations are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- J. The Association \_\_\_has \_\_\_has not received notice from any governmental authority regarding health or building code violations with respect to the Property or any common areas or common facilities owned or leased by the Association. A summary or copy of each notice is attached.
- K. The Association fees resulting from the transfer of the Property are \$\_\_\_\_\_ payable to \_\_\_\_\_.
- L. The Association's managing agent is \_\_\_\_\_.

(Name of Agent)

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(Mailing Address)

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(Telephone)

(Fax Number)

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(E-mail address)

M. The restrictions \_\_do \_\_do not allow foreclosure of the Association's lien on the Property for failure to pay assessments.

N. Required attachments:

1. CC&Rs

5. Current Operating Budget

2. Rules/Policy Guidance Handbook

6. Certificate of Insurance concerning Property and

Liability Insurance for Common Areas and Facilities

3. Bylaws

7. Any Governmental Notices of Health or Housing

Code Violations

4. Current Operating Statement

NOTICE: THIS SUBDIVISION INFORMATION MAY CHANGE AT ANY TIME.

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(Name of Association)

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

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_