

LAKE POINT TOWER CONDOMINIUM ASSOCIATION

Sales Packet

Please review this information carefully. The information contained in this sales packet was compiled in accordance with the Association's Declaration and By-Laws, Rules and Regulations (paragraph 20) and the answers to common questions related to unit sales in the building.

This packet is inclusive of materials for both the seller and the purchaser. It is advisable for you to duplicate the information in this packet and distribute as needed to all parties involved, such as agents, attorneys, appraisers, lenders, etc. Management should not receive calls or requests from anyone except the seller and their agents.

All materials should be submitted to Lake Point Tower Condo Association:

505 N. Lake Shore Drive, Suite 200
Attn: Patti Casa
Chicago, IL 60611
Telephone: 312-645-8802
Fax: 312-467-1734
Email: patti.casa@fsresidential.com

Our hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.
You may also find additional information, including our Rules and Regulations, on our website at www.lakepointtower.org.

I. MOVING IN/OUT OF THE UNIT

If your unit is currently occupied by a tenant, it is your responsibility to make sure your tenant understands and adheres to these procedures as non-compliance may hinder the sale of your unit. Should the unit be currently owner-occupied, the same procedures will apply.

- **Availability** - Call the Management Office at 312-645-8808 or stop in during business hours to check availability of the elevator for the date and time needed for the move out.
- **Moving Fee** - Provide a non-refundable moving fee of \$150.00 in the form of certified funds (cashier's check or money order) payable to Lake Point Tower Condominium Association. This allows for 2 hours elevator reservation and each additional hour is \$75.00.
- **Deposit** - Provide a separate damage deposit of \$150.00 in the form of a personal check payable to Lake Point Tower Condominium Association. This will be voided after the move is complete, provided there is no damage done to the elevator or the common areas of the building and reservation time has not been exceeded. Should the amount of damages exceed \$150.00, you will be billed accordingly and prompt payment is expected.

Please ensure that your movers **do not lean anything against the hallway artwork**, as it is easily marred and you will be billed for any damage.

- **Reservation** - The moving schedule is as follows:

Weekdays: 8:00am – 5:00pm
Saturdays: 8:00am – 5:00pm
Sundays and Holidays: No Moves Allowed

*** Sellers are responsible for securing fobs from their family members and/or tenants to be passed on for the new owners.**

Management reserves the right to deny use of the freight elevator or to request rescheduling of moves for reasons including but not limited to scheduling conflicts, emergencies, and unexpected or scheduled maintenance.

II. REQUIREMENTS FOR THE SALE OF A UNIT – It is highly recommended these requirements be turned over to the Management Office as soon as possible in an effort to not delay your closing.

1. _____ **Notice of Intention to Sell.** Please complete the attached form.
2. _____ **Executed Sales Contract.** A clear copy must be provided along with any riders to the contract.
3. _____ **Closing Documents.** A clear copy of the RESPA/HUD settlement statement must be presented to the Management Office following the closing. Failure to do so will result in move-in elevator reservations being canceled, and fobs (key cards necessary to access entry to the building and amenities) will not be activated.
4. _____ **\$500 Non-refundable Closing Fee.** This amount is typically included with your closing and is disbursed by the title company.
5. _____ **Unit Information Packet.** Please see the attached form for incoming residents.
6. _____ **Proof of Insurance.** The purchaser must provide proof of homeowner’s insurance for the unit purchased. At least \$500,000 per occurrence in liability coverage is required by the building rules.

III. DISCLOSURE & BUILDING INFORMATION

The following items pursuant to the requirements set forth in Section 22.1 of the Illinois Condominium Property Act are provided upon request. Such requests are typically in the form of a questionnaire that may be sent to Jim Stecko at jim.stecko@fsresidential.com.

1. A copy of the Declaration & By-laws should be obtained by the current owner of record. If this is not available, a copy may be printed from the Association's website, www.lakepointtower.org.
2. A statement of unpaid or paid liens and assessments will be provided upon completion and receipt of all Association requirements for a sale. This statement may also include water account information should it be requested.
3. A statement of any capital expenditures anticipated by the unit owner's association within the current fiscal year.
4. A statement of the status and amount of any reserve for replacement fund and any portion of such fund earmarked for any specified project by the Board of Managers.
5. A copy of the statement of financial condition of the Association for the last fiscal year is available in the Management Office or may be obtained by the current owner.
6. A statement of any litigation in which Association is a party.
7. All insurance inquiries should be directed to the Association's insurance agents, Allied/Mesirow Financial. A certificate of insurance can be obtained online at <https://condocerts.mesirowfinancial.com/condo/certs.html>.
8. Should there be any improvements or alterations made to the unit, or the limited common elements assigned thereto, by the prior unit owner, they are in good faith believed to be in compliance with the condominium instruments.
9. FirstService Residential, being the on-site managing agent of the Association, is designated to receive notices.

Other Building Information

1,700,000 sq. ft., 70 stories

875 units of which all have been sold and conveyed

7 passenger elevators, 2 service elevators

Built in 1968, converted in July 1988, turned over to Owners in September 1989

Garage has 700 spaces and is a separate association since December 1995

All common areas complete, not subject to additional phasing

No owner owns more than 10% of the units, short-term rentals not allowed

Delinquencies are less than 10%, no special assessments are anticipated

Ownership of individual units and common elements is fee simple, Owners have sole interest in facilities

NOTICE OF INTENTION TO SELL A CONDOMINIUM UNIT

This notice is to be completed and submitted to the Management Office by the current unit owner(s).

Owners Name: _____ Unit(s): _____

1. STATEMENT OF INTENTION TO SELL UNIT

In accordance with the regulations under the Declaration and By-Laws and the Rules and Regulations adopted by the Board of Directors of the Lake Point Tower Condominium Association, I (we) hereby submit this Notice of Intention to Sell the above described unit to the party or parties (and only those parties) named in Section 2 below, and upon the terms specified in that section. The tender to and receipt by the Association of this Notice and an executed copy of the Sales contract and the Incoming Resident Information Sheet shall constitute valid notice to my (our) intention to sell/lease the above unit.

Further, I (we) understand that pursuant to section 22.1 of the Illinois Condominium Property Act, I (we) are responsible for gathering the information needed by persons interested in purchasing the unit and therefore agree that I (we) or my (our) agent(s) will be the only person(s) authorized to contact the management office for such information.

I (we) understand that by submission of this fully executed notice, I (we) hereby agree to hold harmless the aforementioned Condominium Association and its Managing Agent, officers, directors, staff, and employees for the release of any information requested by me (us) or my (our) agent(s). \

2. SUMMARY

Listing Broker(s) Name: _____ Company: _____
(Listed broker/agent names above will be granted access to the unit(s) specified herein)

Phone: _____ Alt. Phone: _____

Name of Purchaser(s): _____

Phone: _____ Alt. Phone: _____

E-Mail: _____ Closing Date: _____

I (we), the unit owner(s) of unit # _____, affirm my (our) understanding of the agreement with provisions set forth in Section 1 above and certify the information supplied in Section 2.

Signed: _____ Dated: _____

 **RESIDENT CONTACT INFORMATION** 

*Please complete for all **full-time residents** of your unit. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Billing Address for Assessments

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Select One: Mr. Mrs. Ms. Dr.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Select One: Mr. Mrs. Ms. Dr.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Select One: Mr. Mrs. Ms. Dr.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

 **LPT RESIDENTS (Minors)** 

*Please complete for all minors who are **full-time residents** of your unit. This is to determine whether a key fob can be issued under LPT Rules and Regulations. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

 **LPT AUTHORIZED ENTRIES** 

*Please complete for all people **allowed permanent access** to your unit, including guests, relatives, housekeepers, etc. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

 **EMERGENCY CONTACTS** 

Please provide any emergency contacts below.

Unit Number(s): _____ **Combined Unit?** Yes No

Emergency Contacts:

1. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

2. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

3. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

REQUEST FOR EVACUATION ASSISTANCE

People with a mobility impairment may need additional assistance during an emergency evacuation. Impairments can take many forms and may be temporary, short term, or long term. Special attention may also need to be given to young children.

This form is for individuals that wish to self-identify their need for assistance during an emergency evacuation. By providing this information and discussing it with the Fire Safety Director, the best evacuation option(s) for you can be determined and planned for.

Participation and information is a voluntary act of disclosure on the part of the individual. The information you provide to us is strictly confidential and will only be given to those designated by the Emergency Evacuation Plan and to emergency personnel.

Please Print:

Unit Number(s): _____ Telephone: _____

Name: _____

Impairment: Temporary Short Term Long Term

Description of anticipated assistance requested:

Describe any equipment or special procedures necessary to meet your safety needs:

Name and unit # of evacuation assistant (must live in the building):

 **PET REGISTRATION** 

Please list all pets living in unit. One dog or cat up to 30 lbs. is allowed.

Unit Number(s): _____

Residents Name(s): _____

1. All pet-owning Unit Owners and Tenants must re-register their pets annually with the management office.
2. A new Unit Owner or Tenant must immediately register his/her pet within five (5) business days of moving into the Building.
3. A Unit Owner or Tenant who becomes a pet owner must register within five (5) business days of acquiring that pet.
4. Registration is accomplished at the Management Office by completing and submitting the Pet Registration form, providing a **photograph** and paying a **fee**, the amount of which will be set by the Board or Management. (As of January 1, 2014, the annual fee is \$75 per dog and \$50 per cat.)
5. The Unit Owner or Tenant must provide the pet's name, breed, weight, and color to the Management Office, along with the Unit Owner's or Tenant's name and unit number.
6. Each pet will be given a registration tag.
7. For a dog or a cat, an up-to-date **rabies vaccination certificate (showing the weight of the pet)** must be provided at registration.
8. Every dog and cat must wear the registration tag; and rabies tag when outside its unit.
9. For non-conforming pets, owners must provide proof that the pets have been in the building prior to October 24, 2013. Examples of acceptable proofs are adoption records, veterinary records, etc.

Name: _____

Tag # Issued: _____

Type of Animal: _____

Breed/Color: _____

Weight: _____

Immunized? Yes No N/A

Office use only

Date received: ___/___/___

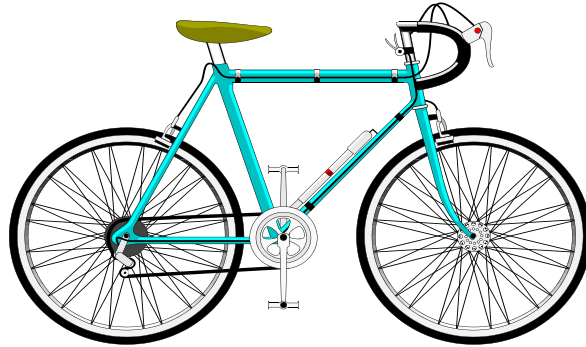
Required Documents: Complete Incomplete _____

Fee Paid: Yes No – charge to assessment

Upload to Connect: Yes No _____

LPT Management Signature: _____

LAKE POINT TOWER CONDOMINIUM ASSOCIATION



BICYCLE REGISTRATION FORM

DATE _____

NAME _____ **UNIT** _____

DESCRIPTION OF BICYCLE _____

BICYCLE DECAL NUMBER _____

It is my understanding that the bicycle stalls are not assigned, but rather used on a first come first served basis. The rack space cannot be reserved by attaching a lock or by any other means. I also understand that my bicycle will be subject to removal if not properly placed in a stall.

BICYCLE OWNER'S SIGNATURE



**LAKE POINT TOWER
CONDOMINIUM ASSOCIATION**

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

In consideration and permission extended to me by the Lake Point Tower Condominium Association (the “Association”) to participate in aerobics classes and/or the use of exercise equipment in the exercise room and/or use of the racquetball court and/or use of the swimming pools and/or use of any other recreational facilities in the Lake Point Tower Condominium (the “Condominium”), I _____, do hereby fully and forever waive, release and discharge Lake Point Tower Condominium Association, its Directors, employees and agents, including FirstService Residential, and their respective successors and assigns, from any and all claims in any way resulting from personal injuries or other claims, demands, damages, and causes of action of whatsoever nature which I or my successors and assigns ever may have against any of them on account of, by reason of, or arising from the participation in such athletic activities and the use of recreational facilities at the Condominium. I further agree to hold the Association, its Board of Directors, employees and agents, including FirstService Residential, harmless from any and all claims which may be brought by anyone on my behalf or by my guests or invitees, arising from the use of such recreational facilities or participation in any athletic/recreational activities on Association property.

Dated: _____, 20__

This is the official Unit Owner Signature Card. Please complete this card and submit to management office.

Unit Number (s) _____

OFFICIAL UNIT OWNER SIGNATURE CARD

Prior to voting in any Lake Point Tower Condominium Association election or referenda, it is necessary to provide to the Condominium Association the signatures of all Legal Owners of the Condominium Unit. This is the Official Unit Owner Signature Card. It will be used to authenticate the signature of any Unit Owner who votes in a future election or referendum. If the Unit is owned by a trust, the trustee(s) must register their signature(s). The undersigned owner(s) of Lake Point Tower Condominium Association Unit Number (s) _____ do hereby register their legal signatures with the Lake Point Tower Condominium Association: Please list all units.

Date: _____

PRINT NAME of Unit Owner

SIGNATURE of Unit Owner

PRINT NAME of Unit Owner

SIGNATURE of Unit Owner

PRINT NAME of Unit Owner

SIGNATURE of Unit Owner

PRINT NAME of Unit Owner

SIGNATURE of Unit Owner

(ALL Owners of the Unit should sign)

EXHIBIT



Attention New Homeowners

IMPORTANT PAYMENT NOTICE

On behalf of our entire staff, it is with great pleasure that we welcome you to your new home. As a new homeowner, we ask that you please review the following information on how we accept your assessment payments.

Pay Your Assessments Online

As the **preferred way** of accepting payments, we invite you to view your balance due and set up automatic recurring or one-time payments online through our provider, **ClickPay**. Payments can be made online for **FREE** by e-check (ACH) from your bank account and by major credit or debit card for a nominal fee. To get started, visit:

www.ClickPay.com/FirstService

1. Click **Register** and create your online profile with ClickPay
2. **Link Your Home** using the account number found on your first statement or coupon
3. Select your preferred **Payment Option** (e-check for **FREE** or credit/debit for a fee)
4. Set up **Automatic Payments** or click **Pay Now** to make one-time payments



Homeowner Benefits

Pay by e-Check (ACH) for **FREE!**

Set Up Automatic Payments

Pay by All Major Credit/Debit Cards

View Your Ongoing Balance Due

Homeowner Support

For assistance with your account or setting up payments, please contact **ClickPay** online by visiting **www.ClickPay.com/GetHelp** or call **1.888.354.0135 (option 1)**.

Thank you for your attention and welcome!

Asa Sherwood

President, Illinois | FirstService Residential

HELPFUL NUMBERS

Emergency

Ambulance911 (emergencies) or 312-744-6666 (non-emergencies)
Fire Department911 (emergencies) or 312-744-6666 (non-emergencies)
Illinois Poison Center.....800-222-1222 or 800-942-5969
Police Department.....911 (emergencies) or 311 (non-emergencies)

Building Amenities

Management Office312-467-0505 (Tel) or 312-467-1734 (fax)
Monday-Friday 8:30am-5:00pm
Mailing address:
Lake Point Tower Condominium Association
505 N. Lake Shore Drive
Suite 200
Chicago, IL 60611

Doormen312-645-8805
Dock312-645-8806
Monday-Saturday 8:00am-6:00pm (moves/deliveries scheduled until 5:00pm)

Receiving Room.....312-645-8807
Monday/Wednesday/Friday 9:30am-7:30pm
Tuesday/Thursday 8:00am-6:00pm
Saturday 9:00am-5:00pm

Garage (deeded spaces on levels B, C, D):
Jim Stecko (billing).....312-645-8808

Garage (valet): ABM Parking Services ...312-595-9514
Cit  (70th floor restaurant).....312-644-4050
FirstService Residential Customer Care ..877-999-6491
Lake Point Dry Cleaners312-670-8989
Lake Point Tower Dental312-467-3201 or 847-630-0825 (emergencies)

Laundry room (service/maintenance):
Universal Laundries847-677-8216 or contact@universallaundries.com

Websitewww.lakepointtower.org

Utilities

AT&T (optional phone)800-244-4444
ComEd (electricity).....800-334-7661
Comcast (cable/Internet, optional phone) 866-594-1234

WiFi Passwords

2 nd Floor Health Club Activities Room ...312-467-0505	Network Name – LPT_Residents
3 rd Floor Promenade.....Skyline8805	Network Name – LPT_Residents



**LAKE POINT TOWER
CONDOMINIUM ASSOCIATION**

ACKNOWLEDGMENT OF LAKE POINT TOWER RULES and REGULATIONS

I/We have received and read the Lake Point Tower Condominium Association Rules and Regulations dated: _____. I/We acknowledge that I/We are expected to conform to those rules. I/We also understand that any conduct resulting in a formal violation from the unit owner(s), guest(s), contactor(s), residents or tenant(s) may result in a fine being levied to the assessment account.

Acknowledged by: Owner's Name: _____

Unit Number: _____

Date: _____