

MUTUAL OPERATIONS**SHAREHOLDER REGULATIONS****Estate Sales – Mutual Nine**

Estate sales will be conducted in accordance with the “Request for Permission to Conduct Estate Sales” hereby adopted. Authorization to approve such sale(s) is given to any member of the Board of Directors for the Mutual Corporation.

Board Director may not approve his or her own estate sale request.

FURTHER, that Form 7508.9, “Instructions for Requesting an Estate Sale” are adhered to and that the following conditions are met:

1. Provide one (1) copy of a sales contract or agreement to Mutual Board member at the time of approval.
2. Show proof of Seal Beach Business License for person conducting sale (business license not required if person conducting sale is an immediate family member). Person conducting sale must be present at sale site at all times.
3. Provide either of the following:
 - a) Proof that a “Notice of Intention to Withdraw” form has been completed and submitted to the Stock Transfer Office.
 - b) For a deceased shareholder, a copy of a death certificate for a deceased shareholder or for a living shareholder, a document that certifies that living shareholder is in an assisted living facility and does not plan on returning to the unit.
4. REQUEST FOR PERMISSION TO CONDUCT ESTATE SALE FORM

MUTUAL OPERATIONS**SHAREHOLDER REGULATIONS****Estate Sales – Mutual Nine****REQUEST FOR PERMISSION TO CONDUCT AN ESTATE SALE****SUBJECT: REQUEST TO HOLD AN ESTATE SALE**

At Address _____ Unit # _____

Date(s) _____ between 9 a.m. and 3 p.m.

I am (check one): () Shareholder (at above address) () Executor () Non-res. Co-Owner
() Other (please explain) _____**Upon approval, I agree to:**

- a) See the Mutual Board Member after completing this page and the inventory form.
- b) Provide an approved copy of this form to the Golden Rain News, if placing an ad with them.
- c) Provide nonresident shoppers' full names, vehicle make and license number along with an approved copy of this form, to the Security Department and to accept the responsibility, as my personal guests, anyone admitted to Leisure World for the purpose of attending the sale.
- d) Be responsible for damage or liability as a result of the sale activities.
- e) Minimize inconvenience or disturbances to neighboring shareholders .
- f) Complete the attached brief inventory of the "major" items to be sold.
- g) Provide a signed copy of the inventory to the Mutual Board member and post a copy of inventory at the sale site.

I am aware that the purpose of this sale is to assist in vacating an apartment and that NO MERCHANDISE OR PERSONAL ITEMS MAY BE ADDED TO THE POSSESSIONS OF THE SHAREHOLDER OR MADE A PART OF THIS SALE. ***I understand that a representative of the Mutual may inspect the sale and that the sale can be stopped immediately if there is deviation from this agreement.*** I agree not to add or bring any goods or merchandise to this sale. I understand that I can be barred from holding any sales in Leisure World for a period of one year if I deviate from this agreement.

Date _____ NAME: _____

Signed: _____ **Date:** _____**Owner/Executor Signature:** _____ **Phone:** _____**Cell Phone:** _____**ESTATE SALE INVENTORY FORM**

Name _____ Address _____

MUTUAL OPERATIONS**SHAREHOLDER REGULATIONS****Estate Sales – Mutual Nine****Living Room Area:****Description (color, type of wood, size, make, etc.)**

#___ Couch(es) / Sofa(s) _____
 #___ Chair(s) _____
 #___ Table(s) _____
 #___ Cabinet(s) _____
 #___ Lamp(s) _____
 #___ Television(s) / Radio(s) _____
 #___ Picture(s) / Mirror(s) _____
 #___ Clock(s) _____
 #___ Other _____
 #___ Other _____

Bedroom(s): # of Bedrooms: Circle One: One Two

#___ Beds _____
 #___ Dresser(s)/High-Boy(s) _____
 #___ Bookcase(s)/Cabinet(s) _____
 #___ Chair(s) _____
 #___ Secretary / Desk(s) _____
 #___ Nightstand(s) / Table(s) _____
 #___ Lamp(s) _____
 #___ Picture(s) / Mirror(s) _____
 #___ Bed Linens _____
 #___ Jewelry _____
 #___ Other _____
 #___ Other _____

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Mutual _____ Unit # _____

Kitchen:

- # _____ Table with _____ Chairs _____
- # _____ Microwave or Toaster Oven _____
- # _____ Small Appliances, i.e. blender _____
- # _____ Dishes _____
- # _____ Flatware _____
- # _____ Pots and Pans _____
- # _____ Other _____
- # _____ Other _____

Bathroom:

- # _____ Linens _____
- # _____ Picture(s) / Mirror(s) _____
- # _____ Other _____
- # _____ Other _____

Miscellaneous:

Signed: _____ Date _____ Phone _____
Shareholder Signature

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Mutual Approval – To be completed by Mutual Director

Director's Name _____ () Approved () Disapproved

Date _____ Signature _____

cc: () Mutual () Responsible Party () Golden Rain News () Security Department

Mutual _____ Unit # _____

MUTUAL ADOPTION

NINE 08-13-90

AMENDED

07-09-01, 06-08-09, 02-10-10, 10-09-14, 05-12-16, 01-08-18