

SWORN CONSTRUCTION STATEMENT AFFIDAVIT

STATE OF MINNESOTA)

COUNTY OF Dakota)

The undersigned, being first duly sworn, deposes and says:

That with respect to the property commonly known as:

Address: 349 Curtice St E

That he/she has the capacity shown below as to the General Contractor named below, which is the General Contractor which has contracted to construct improvements on the property described in the above title commitment number, also described as follows:

I hat the people and companies shown on the reverse side and no others have been contracted with or employed by the general contractor, owner or architect, and have furnished or will furnish services, materials or labor on the structure, and the amounts shown next to their names show the full amount of the services, materials and labor which will become or are now due to those parties, and there are no secret agreements about the amounts due.

As to contracts to be let, the affiant represents that the cost for each line item will not to exceed the amounts shown, and that those amounts are fair and reasonable values for the materials labor and/or other work as stated.

That the amount shown thereon after the words Total Contract is the total sum now due and to become due to the contractor or sub-contractors; will be sufficient to pay all liability of the owner and contractor under the contract, including all extras and deductions; and that there will be no further claim against or liability on the part of the owner and/or the escrowee for any other sums of money.

That the waivers of said contractor, sub-contractors and material men delivered or to be delivered are true, correct and genuine, and cover the payments made to date by owner; that every waiver was delivered to affiant unconditionally; that the waivers were not obtained by fraud, accident, mistake or duress, or on any condition; and there is no claim which may defeat the validity of the waivers.

Affiant Warrants and represents he will not authorize the doing of any work or furnishing of any materials upon the property which will be an expense or claim in addition to the amount set fourth in the Schedule, without first obtaining the written consent of the mortgagee or owner.

Affiant makes this affidavit for and on behalf of himself for the purpose of inducing escrowee to pay contractors the amounts set forth on the schedule.

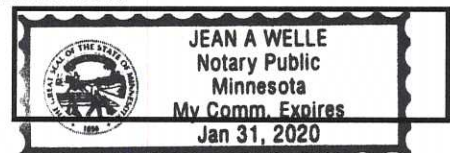
General Contractor: Antonsen Construction Owner: Robert Antonsen

By: [Signature] Its: President

Subscribed and sworn to before me on May, 11, 2012 2015

Notary Public Jean A. Welle Dakota, County, Minnesota

My Commission expires: Jan. 31, 2020



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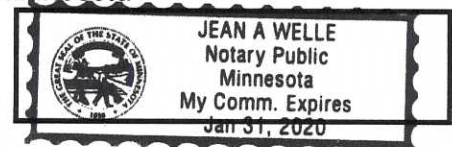
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By: [Signature] Its: President
Subscribed and sworn to before me on May, 11, ~~2012~~ 2015

Notary Public Jean A. Welle, Dakota, County, Minnesota
My Commission expires: Jan. 31, 2020



OWNER: Bank Of America
 PROJECT ADDRESS: 349 Curfice St E., St Paul, MN 55107
 CONTRACTOR: Antonsen Construction, Inc.

IMPORTANT NOTICE: This statement must be completed as to names of all persons and companies furnishing labor and/or material on the premises herein. Any increase in cost, from changes in constructio or otherwise, must be forthwith reported to the owner.

Schedule of work completed

Trade	FURNISHED BY	Week 1 5/18-5/24	Week 2 5/25-5/31	Week 3 6/1-6/7	Week 4 6/8-6/14	Week 5 6/15-6/21	Week 6 6/22-6/28
Window/ Door Install	Antonsen Construction						
Security System	ADF Communications						
Plumbing	St Croix Plumbing						
HVAC	Titan Heating and A/C						
Electrical	Kirtland Electric						
Cabinetry	Antonsen Construction						
Paint	Quality -n- Control						
Flooring	CBL Flooring						
Siding, Soffit, Fascia	Masterguard Construction						
Gutters	CM Seamless						
Excavating	Natureview Landscape						
Misc. Labor	Antonsen Construction						
Deck/Railings/Fencing	Antonsen Construction						
Millwork	Antonsen Construction						
Insulation	Metro Home Insulation						
Appliances	Olum Appliance						
Driveway/Parking Area	Buck Blacktop						



RECEIPT

CITY OF SAINT PAUL

Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Phone: 651-266-8989
Fax: 651-266-9124
www.stpaul.gov/dsi

Payment #: 1068275

Payment Date: May 11, 2015

Paid By: BANK OF AMERICA - BAC HOME LOANS SERVICING
400 NATIONAL WAY
SIMI VALLEY CA 93065

Amount Paid: \$5,000.00

Payment Type: Check

PRIM: 800-669-2443, FAX: 216-447-8220, SAFE: 972-526-1312

Transaction Description

Project Location: 349 CURTICE STE
ST PAUL MN 55107

13-210117

TYPE: VACANT BUILDING

SPFD referral

SUB TYPE: CATEGORY 3

WORK TYPE: SINGLE FAMILY RESIDENTIAL

Is there a lock box? No

FEEES

Performance Deposit \$5,000.00

TOTAL \$5,000.00

** To schedule a Vacant Building Code Compliance Inspection, call Jim Seeger at 651-266-8989 between 7:30 and 9:00 AM, Monday - Friday. **

** Questions regarding Vacant Building Performance Deposits can also be directed to Jim Seeger. **



RECEIPT

CITY OF SAINT PAUL

Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101- 1806
Phone: 651- 266- 8989
Fax: 651- 266- 9124
www.stpaul.gov/dsi

Payment #: 1068276

Payment Date: May 11, 2015

Paid By: BANK OF AMERICA - BAC HOME LOANS SERVICING
400 NATIONAL WAY
SIMI VALLEY CA 93065

Amount Paid: \$10,000.00

Payment Type: Check

PRIM: 800- 669- 2443, FAX: 216- 447- 8220, SAFE: 972- 526- 1312

Transaction Description

Project Location: 349 CURTICE ST E
ST PAUL MN 55107

13- 210117

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SPFD referral

SUB TYPE: CATEGORY 3

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