## **FinCEN Certification Form**

Addre	ss of Property: New York, NY	
Date o	f Closing:	
Name	of Seller:	
Name	of Buyer:	
, the undersigned, being a duly authorized representative of the Purchaser in the captioned matter, hereby certifies that the aforementioned transaction is not a Covered Transaction as defined in the FinCEN Geographic Targeting Order issued by the U.S. Department of the Treasury on January 13, 2016.		
	Signature:	
	Print Name:	
	Title:	
The undersigned, being a duly authorized representative of the purchaser in the captioned matter, hereby certifies that the aforementioned closing transaction is a Covered Transaction under the FinCEN Geographic Targeting Order, issued by the U.S. Department of the Treasury on January 13, 2016 and certifies as to the following:  1) Identity of the individual primarily responsible for representing the Purchaser.		
2)		
	The type of identification (driver's license, passport or other similar identifying document) obtained from the individual primarily responsible for representing the Purchaser is:	
3)	obtained from the individual primarily responsible for representing the Purchaser is:	
3)	obtained from the individual primarily responsible for representing the Purchaser is:  (A copy of the same is to be retained by Stewart Title Insurance Company)	

## FinCEN Certification Form (Continued)

4)	The Type of identification (driver's license, passport or other similar identifying document) obtained from the individual Beneficial Owner(s) with a 25% or greater ownership interest (direct or indirect) in the purchaser is:
-	(A copy of the same is to be retained by Stewart Title Insurance Company)
5)	Date of the Covered Transaction:
6)	Total Amount transferred in the form of a Monetary Instrument:
7)	Total purchase price of the Covered Transaction:
8)	Address of the real property involved in the Covered Transaction:
9)	If the Purchaser is a limited liability company, the names, addresses and taxpayer identification numbers of all its members, to the extent not otherwise provided above are as follows:
8300 c	ndersigned also hereby authorizes Stewart Title Insurance Company to completer Form on my behalf and file the same as required by the Targeting Order.  d of the filing should be delivered to:
Name:	:
Email	Address:
	Signature:
	Print Name:
	Title: