



PLEASE PRINT CLEARLY
COMPLETE ALL FIELDS

CONTACT AND EMERGENCY INFORMATION FORM

OWNER CONTACT INFORMATION

(This section must contain information concerning the OWNER of the account.)

NAME(S): <u>MARY PAPA DATOS</u>		
UNIT ADDRESS: <u>1615 E CENTRAL RD 204A ARLINGTON HEIGHTS IL</u>		
MAILING ADDRESS (If Different):		
CITY/STATE/ZIP CODE: <u>ARLINGTON HEIGHTS IL 60005</u>		
HOME PHONE: <u>847 975 1216</u>	WORK PHONE: <u>847 895 9802</u>	CELL PHONE: <u>847 975 1216</u>
EMAIL ADDRESS (E-mail addresses are kept confidential): <u>MARYP1010@MSN.COM</u>		
PARKING SPACE # (If Applicable): <u>-</u>		STORAGE SPACE # (If Applicable): <u>-</u>

TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1	TENANT #2
NAME:	NAME:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

*Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.

ADDITIONAL OCCUPANT(S)

(Those who reside in the residence, but are not the owners or listed on the lease.)

NAME:	NAME:
NAME:	NAME:

VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<u>2007</u>	<u>LEXUS</u>	<u>IS250</u>	<u>SILVER</u>	<u>1041487</u>

PETS

NAME	BREED	CAT/DOG
<u>N/A</u>		

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

EMERGENCY CONTACT INFORMATION

NAME: <u>PAM DEL VALLE</u>	HOME PHONE:
ADDRESS: <u>6710 N. OLCATO AVE</u>	BUSINESS PHONE:
CITY/STATE/ZIP CODE: <u>CHICAGO IL 60631</u>	CELL PHONE: <u>773 332-5281</u>

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank that this form may be returned for completion. I understand that this form is used for Association purposes only.

SIGNATURE: Mary Papa

DATE: 12.27.12

PLEASE RETURN THIS FORM TO:

The Dana Point Condominium Association
c/o Lieberman Management Services
25 Northwest Point Blvd, Ste 330
Elk Grove Village, IL 60007

Fax: (847) 459-3003

Email: service@imsnet.com

Allstate Insurance Company



RENEWAL

Condominium Owners Policy Declarations

Summary

NAMED INSURED(S)

Mary Papadatos
Unit 204
1615 E Central Rd
Arlington Hts IL 60005-3369

YOUR ALLSTATE AGENT IS:

Victoria Larson
476 Briargate
South Elgin IL 60177

CONTACT YOUR AGENT AT:

(847) 214-0200

POLICY NUMBER

0 62 331306 10/31

POLICY PERIOD

Begins on Oct. 31, 2012
at 12:01 A.M. standard time,
with no fixed date of expiration

PREMIUM PERIOD

Oct. 31, 2012 to Oct. 31, 2013
at 12:01 A.M. standard time

LOCATION OF PROPERTY INSURED

1615 E Central Rd, Arlington Hts, IL 60005-3369

MORTGAGEE**• FIFTH THIRD BANCORP**

&/OR ASSIGNS

P O Box 598

ITS SUCCESSORS

Amelia OH 45102-0598

Loan # 0202895827

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured

\$186.00

TOTAL

\$186.00

