

5160 Yonge Street, 12th Floor Toronto, ON M2N 6L9

Toll Free Tel: 1-877-982-7466 Toll Free Fax: 1-866-839-5202 V/B REFERENCE NO.

40640

UNIT ENROLMENT NO.

1832942

C.E. NO. (IF APPLICABLE)

CERTIFICATE OF COMPLETION AND POSSESSION (FOR FREEHOLD AND CONDOMINIUM UNITS) NOTE: ONLY TARION WARRANTY CORPORATION FORMS WILL BE ACCEPTED FOR PROCESSING.

177369

NOTE. ONLY TARION	WARRANTE CORFORATION FOR WIE	E BE ACOLI TEB TOTT TO	002001143	
VENDOR/BUILDER'S NAME:	H. Hansen Devel	opment Inc.		
VENDOR/BUILDER'S ADDRESS	S: 301 King St. NUMBER STREET NAME	BARRIE L4N6B5	CITY/TOWN	POSTAL CODE
BUILDER'S NAME (IF DIFFERENT THAN VENDOR)				BUILDER REFERENCE NO.
BUILDER'S ADDRESS	NUMBER STREET NAME		CITY/TOWN	POSTAL CODE
1	NEW HOME ADDRESS (PLEAS	E COMPLETE OR CORRE	CT AS REQUIRED)	
¥5-412	Veterans Drive #15		BARRIE	
NUMBER	STREET NAME (IF APPLICABL	E CONDO UNIT NUMBER)	CITY/TOWN	POSTAL CODE
	LEGAL DESCRIPTION (PLEASE	COMPLETE OR CORRE	CT AS REQUIRED)	
15 LOT	51M-835 PLAN BLOC			
	1 ty CAL MUNICIPALITY (WHERE BUILDING PERMIT WA	S ISSUED)		
TYPE OF OWNERSHIP:	FREEHOLD 🗆 ÇONDOMINIUM			
TYPE OF HOME:		A constitution of the cons		
D DETACHED D SEMI-D	ETACHED TOWNHOUSE TO	DUPLEX HI-RISE	CONTRACT HOME	
_ ·	RIVATE SEWAGE DISPOSAL SYSTEM	☐ PURCHASER RESPO	NSIBLE FOR PRIVATE SEW	OTHER (SPECIFY) /AGE DISPOSAL SYSTEM
THIS SECTION	MUST BE COMPLETED	PLEASE P	RINT NAME OF REGIST	ERED OWNER(S)
ACTUAL PURCHASE PRICE (INCLUDING UPGRADES AND EXTRAS, BUT EXCLUDING HST) \$	EAR MONTH DAY 215,770 XX	GIVEN NAME GIVEN NAME GIVEN NAME GIVEN NAME	CHAEL CO	SURNAME SURNAME F THE CHEQUE. DO NOT SEND CAS
AFTER SALES SERVICE CONTA	ENCLOSED FOR ENROLMENT FEE ADJUSTMEN	35.17	6.1	77796
AN TEN CALLES SERVISE SOUTH	NAME OF SERVICE CONTACT		ADDRESS	TELEPHONE
RECEIPT OF THE HOME	OWNER INFORMATION PACKAGE	PLEASE	PRINT HOMEOWNER E	MAIL ADDRESS
IVE to	al to confirm receipt of the Homeowner Information Package.	Kago.ls	.aicport@	live ca
Corporation that the Purchaser(s) has/hav substantially completed and is ready for indicated above notwithstanding completi Inspection Form. THIS IN NO WAY PREC	rsigned Purchaser(s) hereby certifies to Tarion War ve inspected the home described above and such ho possession by the Purchaser(s) on the date of posse ion by the Vendor/Builder of items listed on the Pre-De bluDES THE DISCOVERY AND REPORTING OF FURT IN THE SPECIFIED WARRANTY PERIODS.	me is <u>AO 3/CO/10</u> sission divery DATE	dave	PURCHASER DOM PURCHASER
BY BOTH PARTIES AND SUBMIT THE VENDOR WITHIN 15 DAYS	and the second management of the second second to the second seco	DATE DATE		/ENDOR/BUILDER
BEFORE THE APPROPRIATE WARRAN For example, if your home's date of poss The one year warranty begins on N The two year warranty begins on N The seven year Major Structural De	session is November 8, 2009: ovember 8, 2009 and ends on November 7, 2010 ovember 8, 2009 and ends on November 7, 2011		÷	THE VENDOR AND TARION IN WRITING
	fects (MSD) warranty begins on November 8, 2009 and YOUR WARRANTY COVERAGES EXPIRE, BASED ON			
WAF		THE DATE OF POSSESSION SHO	OWN BELOW.	
WAF	YOUR WARRANTY COVERAGES EXPIRE, BASED ON RRANTY COMMENCES ON THE [THE DATE OF POSSESSION SHO	OWN BELOW.	MPLETE)

Warranty Certificate

(Ontario New Home Warranties Plan Act)

President & Chief Executive Officer

Deputy Registrar

TARION WARRANTY CORPORATION (TARION) hereby confirms that the home identified above has the benefit of the warranties set forth in the *Ontario New Home Warranties Plan Act*, R.S.O. 1990, C.O.31.

IMPORTANT - HOMEOWNER : DETACH LABEL AFFIX LABEL TO YOUR ELECTRICAL PANEL BOX TO

40640 1832942

INDICATE THAT THE WARRANTY IS IN EFFECT T-1202