

**AFFIRMATION OF DISCLOSURE OF
NON-COMPLIANCE**

This form is to be completed by a person who is a signatory to the Settlement Agreement and Consent Order. This form must be completed and mailed or facsimiled to the following address: Jonathan Klanderud, Lead Poisoning Prevention Program, 1800 Washington Boulevard, Baltimore, Maryland 21230-1719. Facsimile number: 410-537-3156.

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT 2532 WEST FAIRMOUNT AVENUE HAS NOT HAD THE REQUIRED FULL RISK REDUCTION TREATMENTS AND IS BEING VOLUNTARILY TRANSFERRED.

I FURTHER AFFIRM UNDER THE PENALTIES OF PERJURY THAT, PRIOR TO THE TIME A CONTRACT OF SALE IS EXECUTED, I HAVE OR WILL DISCLOSE TO ANY PROSPECTIVE PURCHASER THE OBLIGATION OF THE PURCHASER TO PERFORM A FULL RISK REDUCTION TREATMENT TO 2532 WEST FAIRMOUNT AVENUE.

OWNER NAME: REDC Statutory Trust

MDE CASE NUMBER: 2017-30-22300

DATE: 6/11/2018



Owner's signature