

BROKER OFFER FORM – 44-17 Greenpoint Avenue

Re: 44-17 Greenpoint Avenue, Sunnyside, NY 11104 (Block: 166 Lot: 40)

Seller: Christian Congregation of Jehovah's Witnesses (CCJW)

1.) **Broker**

Broker Name: _____
Company: _____
Address: _____
Phone/Fax: _____
E-mail: _____

2.) **Purchaser**

Principal Name: _____
Company: _____
Address: _____
Phone/Fax: _____
E-mail: _____

3.) **Offer Price:** _____

4.) **Terms:** "All Cash, As Is" (Seller will not provide financing or accept any financing contingency)

5.) **Contract Deposit:** 10%

(Seller is seeking a minimum 10% non-refundable deposit; however, a larger deposit will be viewed favorably)

6.) **Closing Period:** ____ Days* Are you flexible: Yes/No If Yes, explain: _____

**Please note that this period is following Attorney General approval*

7.) **Contingencies:**

Clear / Marketable Title

The Purchaser must purchase the Property on an "As-Is, Where-Is" basis, subject to all violations and existing conditions. (The Seller will not allow for contingencies of any kind, including but not limited to financing contingencies or due diligence periods. It should take no longer than 2 weeks to negotiate a contract of sale and all due diligence must be completed prior to contract execution).

Do you agree to this? Yes _____ No _____

If No, list other contingencies: _____

Sale-Leaseback

CCJW will require a leaseback of the Property for up to 12 months post-closing.

CCJW shall have continuous use and occupancy of the Property and be responsible for all maintenance, utilities, and insurance for the term of the Leaseback. Please propose additional Leaseback terms, if any:

8.) **Participants:** Please list individual Principal(s) and Company name(s) who will be participating in the acquisition entity:

9.) **Debt:** How much financing do you anticipate obtaining for this acquisition?

10.) **POF / Assets:** Please provide (1) Proof of funds, (2) List of assets owned, and (3) List of previous and/or current Development projects: _____

11.) **Representation:**

Attorney for Purchaser:

Attorney Name: _____

Firm Name: _____

Address: _____

Phone/Fax: _____

E-mail: _____

Please return this offer form to:

Thomas A. Donovan
President, Queens Investment Sales
646.502.3481
tdonovan@meridiancapital.com