

Bureau of Indian Affairs-Palm Springs Agency
Checklist for **ESTOPPEL**

REVIEW Yes/No/NA	ITEMS TO CONSIDER	CROSS REFERENCE	STAFF COMMENTS / NOTES
<input type="checkbox"/>	Lease Number:		
<input type="checkbox"/>	Lessee/Requestor:		
<input type="checkbox"/>	Lessor: Allotment no., Name, Section, Acres.		
	REQUIREMENTS		
<input type="checkbox"/>	ESTOPPEL SUBMITTED <input type="checkbox"/> Attached Exhibit A <input type="checkbox"/> Attached Exhibit B		Date received:
<input type="checkbox"/>	Case initiation letter <i>(Stating what you are requesting and purpose)</i>		
<input type="checkbox"/>	Administrative Fee ____ <i>(Cost \$500)</i> __ \$250 Rush Status (5 to 10 days) __ \$250 Pre-review before executed document __ \$250 for BIA additional services Payable to the "ACBCI Commercial" Palm Springs Agency PO Box 2245, Palm Springs CA 92263		
<input type="checkbox"/>	Provision in the lease regarding request for Estoppel <i>Check the underlying lease to determine precisely what the lease requires of the tenant</i>	Pg. ____	Art. ____
(BIA)	BIA to Run a Title Status Report and ensure there are no other encumbrances		
<input type="checkbox"/>	Confirm that the legal description of the "lease" in the estoppel certificate is correct. ↓ <input type="checkbox"/> Exhibit A		<i>Check TSR and lease for the Premise square footage/acres</i>
<input type="checkbox"/>	Confirm that all the factual items stated in the estoppel are correct. ↓ <input type="checkbox"/> Recitals <input type="checkbox"/> Assignments <input type="checkbox"/> Addenda's <input type="checkbox"/> Amendments / Supplemental		
<input type="checkbox"/>	Tenant has accepted possession of the premises		
<input type="checkbox"/>	Request Accounting for reconciliation and fill out \$\$ portion.		
<input type="checkbox"/>	GMAR		
<input type="checkbox"/>	Rent paid through a certain date		
<input type="checkbox"/>	No Defaults		

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<input type="checkbox"/>	Schedule of Gross Receipts due		
<input type="checkbox"/>	Are Schedule of Gross Receipts current		
<input type="checkbox"/>	If applicable, required construction Completed		
<input type="checkbox"/>	Certificate of Liability Insurance ___ Liability Insurance ___ Property Insurance		
<input type="checkbox"/>	Check for Deeds of Trust		
<input type="checkbox"/>	<i>If applicable</i> - Statement from lender on the payoff balance		
<input type="checkbox"/>	<i>If applicable</i> - Reconveyance of any prior Deed of Trust encumbering the trust land.		
	REVIEWER	DATE	SIGNATURE
	Realty Specialist's Recommendation for : <input type="checkbox"/> Approval or <input type="checkbox"/> Disapproval.		
	Realty Officer's Review and concurrence: <input type="checkbox"/> Approval or <input type="checkbox"/> Disapproval.		
	Superintendent's review and concurrence: <input type="checkbox"/> Approval or <input type="checkbox"/> Disapproval.		