

Principals & Property Info and Transaction Checklist

SELLER(S) _____

Address _____

Home # _____

Office # _____

Cell # _____

Email _____

Sales Price \$ _____

BUYER(S) _____

Address _____

Home # _____

Office # _____

Cell # _____

Email _____

Loan Amount \$ _____

CO-BROKER/AGENT _____

Office # _____ Cell # _____

Email _____

HOA _____ Phone # _____

Resale Certificate Ordered By _____ Delivery Due: _____

Dues \$ _____ Annually _____ Quarterly _____ Monthly _____ Semi Annually _____

MORTGAGE & CREDIT

Mortgage Company _____

Address _____

Phone _____

Loan Officer _____

Processor _____

Phone _____

Cell _____

Email _____

Credit Approval Deadline Date _____

APPRAISAL

Appraisal Ordered Yes No Date _____

Ordered By _____

Appraiser _____

Phone _____

ESCROW, TITLE & CLOSING

Contract Received Date _____

Option Period Expire _____

Closing Date _____ Time _____

Closing Disclosure Due _____

Title Co. Address _____

Title Co. Phone _____

Closer Name _____

Direct Dial _____

Cell _____

Survey & Title Commitment

Existing Survey & T-47 Affid. Yes No

If yes, delivered to Buyer & Title Co. _____

If new survey, due date _____

Title Commitment Due Date _____

Commitment Delivered to Client Yes No

Remind Client to bring Cashier's Check & Photo ID to closing

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SURVEY

Survey Reviewed _____
Property in Flood Plain? Y N

INSURANCE

Hazard Insurance Ordered Y N
Date Existing Insurance Cancelled _____
Insurance Agent _____
Address _____
Phone # _____
Insurance Company _____
Policy # _____

TAX INFORMATION

City _____
County _____
School _____
Community College _____
Other _____

Tax Exemption

Agriculture Y N
Over 65 Exemption Y N
With Homestead Y N
Without Homestead Y N

OTHER

Lease Back Y N
Possession Date _____
Remind Sellers to Leave Specified
Items Per Contract Y N
Buyer's Walk Through Scheduled Y N
Alarm Codes Released Y N
Sign Down Y N
Keys & Garage Opener Returned Y N
Keybox Removed Y N
Sold Info Added to MLS Y N

LENDER REQUIRED REPAIRS

_____ *Done*

BUYER REQUIRED REPAIRS

Allowance \$ _____

REPAIR COMPANIES

HOME WARRANTY COMPANY

Ordered By _____
Called in Date _____
Allowance _____
Mechanical + Options _____
Name of Company _____

INSPECTIONS MECHANICAL/STRUCTURAL

TYPE: _____
Date _____ Time _____
Company _____
Phone # _____
Email _____
\$ _____
POC _____ Collect _____

TYPE: _____
Date _____ Time _____
Company _____
Phone # _____
Email _____
\$ _____
POC _____ Collect _____

TYPE: _____
Date _____ Time _____
Company _____
Phone # _____
Email _____
\$ _____
POC _____ Collect _____

UTILITIES

COMPANY NAME

PHONE

DATE

UTILITIES	COMPANY NAME	PHONE	DATE
Electric _____	_____	_____	_____
Gas _____	_____	_____	_____
Telephone/Internet _____	_____	_____	_____
Satellite/Cable _____	_____	_____	_____
Water/Trash _____	_____	_____	_____

Do I Need to Arrange Turning Utilities Off On N/A Status _____

Contract Terminated Date _____
Earnest Money Returned Date _____