Transaction Checklist

Please fill out the following information regarding your transaction. Address: MLS number: Date of sale: ___ / ___ / ___ Target closing date: ___ / ___ / ____ **Buyers (attach any additional)** Name: _____Contact information: _____ Name: _____Contact information: _____ Name: Contact information: Sellers (attach any additional) Name: _____Contact information: _____ Name: _____Contact information: Name: _____Contact information: _____ Buyers' attorney Name: _____ Contact information: _____ Sellers' attorney Name: Contact information: Cooperating broker(s) with additional attached, if needed Name: _____Contact information: _____ Name: Contact information: **Closing officer** Name: _____ Contact information: _____

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The Closing Tool Kit, REALTOR® Magazine

Lender		
Name:	Contact information:	
Title insurance company		
Name of company:		
Contact at the company: _		
Contact information:		
Appraiser		
Name:	Contact information:	
Date of appraisal: /	_/	
Home inspector		
Name:	Contact information:	
Date of inspection: / _	/	
Other inspectors (termite needed	e, lead, paint, radon) required by cor	ntract, with additional attached, if
Name:	Contact Information:	
Type of inspection:		Date of inspection: / /
Name:	Contact Information:	
Type of inspection:		Date of inspection: / /
Name:	Contact Information:	
Type of inspection:		Date of inspection: / /
Name:	Contact information:	
Type of inspection:		Date of inspection: / /
Name:	Contact information:	
Type of inspection:		Date of inspection://