

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: _____

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, lead, paint, radon) required by contract, with additional attached, if needed

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: ___ / ___ / ___