



Property:

Date: _____

Escrow #: _____

Trust: Yes No
Probate: Yes No

APN #: _____

EMD Amount \$: _____

Sales Price \$: _____

Home Warranty:

Acceptance Date: _____

Old Republic AHS First American Other

Estimate COE: _____

Coverage \$: _____ Seller Buyer Agent

15 30 45 60 90 Other _____

Termite: Yes No \$ S B

Termite Company: _____

Termite Comp: Yes No \$ S1 S2

Phone: _____

Septic: Yes No \$ S B

HOA: Yes No Name: _____

Water Stock: Yes No \$ S B

Management Co.: _____

Water Stock Name: _____

Phone: _____

Solar: Yes No

Transfer Fee: \$ S B Doc Fee: \$ S B

L/A Commission: _____ %
 Listing Office: _____
 Agent: _____
 Email: _____
 Address: _____

 Phone: _____
 TC: _____ Email: _____

S/A Commission: _____ %
 Selling Office: _____
 Agent: _____
 Email: _____
 Address: _____

 Phone: _____
 TC: _____ Email: _____

Send Seller Packet:

Agent Packet:

Email Mail

Email

To Agent Em Agent

To Agent

Send Buyer Packet:

Agent Packet:

Email Mail

Email

To Agent Em Agent

To Agent

Seller: _____

 Address: _____

 Phone: _____
 Cell: _____
 Email: _____

Buyer: _____

 Address: _____

 Phone: _____
 Cell: _____
 Email: _____

Title Company: _____

Lender: _____

Title Officer: _____

Loan Officer: _____

Phone: _____

Lenders Email: _____

Open Date: _____

Loan Processor: _____

Order #: _____

Proc. Email: _____

Title Rep: _____

Phone: _____

FHA VA CONV CASH

Notes: _____

