

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: \_\_\_ / \_\_\_ / \_\_\_