

CRITICAL DATE LIST

SELLER : _____

BUYER : _____

PROPERTY ADDRESS : _____

Escrow Company : _____ **Escrow Number :** _____

Escrow Officer : _____ **Fax :** _____

Listing Agent Name : _____ **Company :** _____

Phone : _____ **Fax :** _____

Selling Agent Name : _____ **Company :** _____

Phone : _____ **Fax :** _____

This is a CRITICAL DATE LIST, for the transaction listed above as of this date: ___/___/___ .
Any time this document is modified in any way copies should be sent to the Principals and Agents.

ACTION	DATE DUE	DATE DONE
Mutual Acceptance of Purchase Contract :	N/A	___/___/___
Earnest monies deposited to escrow :	IMMEDIATELY	___/___/___
S.P.D.S. completed and delivered to Buyer by :	___/___/___	___/___/___
B.I.N.S.R. (Buyers Inspection Notice & Sellers Response) due by :	___/___/___	___/___/___
Sellers response to B.I.N.S.R. due by :	___/___/___	___/___/___
Buyer to apply for Homeowners Insurance by :	___/___/___	___/___/___
Receipt of Title Commitment/Sch. B :	___/___/___	___/___/___
Deadline for Buyer disapproval of above :	___/___/___	___/___/___
HOA documents ordered :	___/___/___	___/___/___
HOA documents received and accepted by Buyer :	___/___/___	___/___/___
In the event of low appraisal Buyer must cancel by :	___/___/___	___/___/___
Repairs (if any) completed no later than :	___/___/___	___/___/___
Buyers walk through inspection no later than :	___/___/___	___/___/___
Failure to qualify notice delivered by Buyer no later than :	___/___/___	___/___/___
Buyer to sign closing and loan documents no later than :	___/___/___	___/___/___
Recordation of Documents (COE) :	___/___/___	___/___/___
Keys Delivered :	___/___/___	___/___/___

OTHER ACTIONS REQUIRED SPECIFIC TO TRANSACTION

ACTION	DATE DUE	DATE DONE
“ADWR” Registration of Existing Well :	___/___/___	___/___/___
Septic / Alternative System Certification :	___/___/___	___/___/___
Lead Paint Disclosure :	___/___/___	___/___/___
Home Protection Plan Ordered :	___/___/___	___/___/___
Other :	___/___/___	___/___/___

CURE PERIOD ACTIVATED

DATE : ___/___/___ REASON : _____

CURE DEADLINE : ___/___/___ DATE CURED : ___/___/___ or DATE CANCELLED : ___/___/___

DATE : ___/___/___ REASON : _____

CURE DEADLINE : ___/___/___ DATE CURED : ___/___/___ or DATE CANCELLED : ___/___/___