

LISTING AGENT CHECKLIST

PROPERTY ADDRESS

SELLER(S) NAME _____
ADDRESS _____

PHONE # _____
MOBILE PHONE _____
EMAIL _____

LIST PRICE _____

CONTRACT OFFERS RECEIVED:

OFFER #1 _____
OFFER #2 _____
OFFER #3 _____
OFFER #4 _____
OFFER #5 _____

CONTRACT RATIFIED DATE _____

Send Contract to Lighthouse Title

Branch: _____

Arlington Fax # (703) 465-8003 Fairfax Fax # (703) 359-0400 McLean Fax # (703) 847-0600

Processor _____
Phone # _____
Fax # _____

TERMITE INSPECTION

Ordered _____
Company _____
Phone # _____
Inspection Date _____
Cost _____

Treatment Necessary? YES NO

If YES
Company to do treatment _____
Treatment performed _____
Cost of Treatment _____

HOME INSPECTION

Contingency Deadlines: Inspection _____ List of Deficiencies/Report to Seller _____

Company _____
Address _____
Phone # _____
Date of Inspection _____
Report Received _____
Report Reviewed _____
List of Deficiencies/
Report Sent to Seller _____
Response _____

Response _____
Response _____

Walk-Through
Date _____
Time _____

Settlement
Date _____
Time _____
Location _____

RENT BACK

Agreement Signed _____
Rent Back Through _____
Rent Back Per Diem Buyer's PITI + HOA/Condo _____ Per diem \$ _____
Security Deposit \$ _____ Held By _____