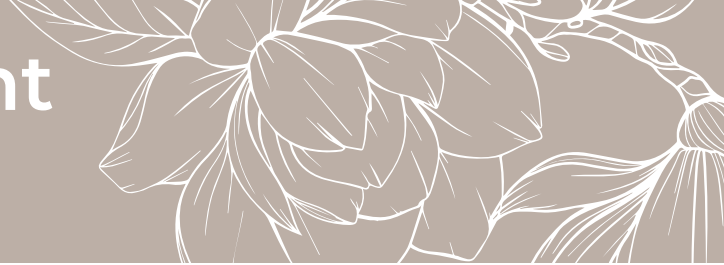


Listing Appointment Checklist



Sellers Contact Information:

Name: _____ Phone Number: _____
Address: _____ Preferred method of contact: _____

Email: _____

Marital History Since Acquisition of Property

Marriage? Yes No
If yes, Spouses name: _____
Date of Marriage: _____
If yes, County/State: _____
When? _____
Did Spouse live at property? Yes No
Death? Yes No
If yes, include on contract
If yes, need a copy of death certificate
Divorced? Yes No
Is there a will? Yes No
If yes, was it probated? Yes No

How is Title held?

Trust, LLC, S Corp etc.? Yes No
If yes, need copy of trust, LLC documents etc.

Bankruptcy? Yes? No?

If yes, County/State: _____
When: _____

Party to any Lawsuit?

Yes No
If yes, please include details on a separate page

Are you a Citizen of the U.S.A?

Yes No
If no, do you have a Green Card? Yes No
If you are not a U.S. Citizen but have a U.S. Tax Number please write it in. _____

Details for Closing

Will any parties be signing with a Power of Attorney? Yes No

Residential, Fixture and Natural Resource Leases?

Residential Lease on the Property? Yes No
If yes, lease end date: _____
(Will need copy of lease agreement)
Fixture Lease(s) on property? Yes No
{Will need copy of fixture lease agreement(s)}
If yes, which fixtures are leased?
 Solar Panels Security System
 Propane Tank Water Softener
 Other: _____
Natural Resource Lease? Yes No
(Will need copy of lease agreement)
Is the property located in a: MUD PUD
 WCID PID *Don't forget the notice

Existing Survey?

Yes No
Legible? Yes No
All sellers have signed and notarized the T-47?

Mortgage Information

Estimated Payoff Amount: _____
Delinquent on payments? Yes No
If yes, how far behind? _____
Have you asked for assistance due to delinquent payments? Yes No
If yes, has it been repaid? Yes No
Short Sale? Yes No
COVID-19 Relief Mortgage? Yes No

If yes, what are all the fees associated with the sale of the property?
Resale Package \$ _____
Transfer Fees \$ _____
Deposit for Reserves \$ _____
Other: _____

Homeowners Association

HOA? Yes No
Management Company: _____
Phone Number: _____
Are dues current? Yes No
How often assessed? Yearly Monthly Quarterly