

Listing Appointment SELLER CHECKLIST

Sellers Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred method of contact: _____

Marital History since acquisition of property

Marriage? Yes No

If yes, Spouse's Name: _____

Date of Marriage: ___/___/___

Did spouse live in property?

Yes No If yes, include on Contract.

Divorce?

Yes No If yes, County/State _____

When: ___/___/___

Death? Yes No

-If yes, need copy of Death Certificate.

Is there a Will? Yes No

- If yes, was it probated? Yes No

How is Title held?

Trust, LLC, Corp., etc.? Yes No

If yes, need copy of Trust Agreement or LLC/Corp. Documents.

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 you have a U.S. tax identification number, please write it in:

Details for Closing

Will any party be signing with a power of attorney?

Yes No

Remote closing Yes No

Existing Survey?

Yes No Legible? Yes No

All sellers have signed and notarized the T-47

Residential, Fixture, & 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 Other _____

Water Softener

Natural Resource Leases Yes No

Need copy of lease agreement.

Is the property located in a: MUD PUD WCID PID

*Don't forget the notice

Mortgage Info

Current Estimated Payoff: _____

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 Mortgage Relief? Yes No

Homeowners Association

HOA? Yes No

If yes, what are all of the fees associated with the sale of this property?

Resale Package \$ _____ Transfer Fees \$ _____

Deposit for Reserves \$ _____ Other \$ _____

Management Company: _____

Phone number: _____

Are dues current? Yes No

How often Assessed?

Yearly Monthly Quarterly