

CRITICAL DATE LIST

SELLER: _____ BUYER: _____

PREMISES ADDRESS: _____

ESCROW COMPANY: _____ ESCROW NUMBER: _____

ESCROW OFFICER: _____ PHONE: _____ FAX: _____

EMAIL: _____

LISTING AGENT NAME: _____ SELLING AGENT NAME: _____

COMPANY: _____ COMPANY: _____

PHONE: _____ FAX: _____ PHONE: _____ FAX: _____

EMAIL: _____ EMAIL: _____

This is a Critical Date List, for the transaction listed above as of this date: ____/____/____.

ACTIONS:	SELLER DUE DATE:	BUYER DUE DATE:	DATE COMPLETED:
Mutual Acceptance of Purchase Contract:			____/____/____
Inspection Period begins (10 days or _____):	____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Earnest Money deposited with Escrow Company:		Upon Acceptance	____/____/____
<input type="checkbox"/> S.P.D.S. completed and delivered to Buyer (5 days):	____/____/____		____/____/____
<input type="checkbox"/> Claims History (i.e. C.L.U.E.) completed and delivered to Buyer (5 days):	____/____/____		____/____/____
<input type="checkbox"/> HOA notified and documents ordered (10 days):	____/____/____		____/____/____
<input type="checkbox"/> Buyer's Response to S.P.D.S. (5 days):		____/____/____	____/____/____
<input type="checkbox"/> Buyer to supply LSU (5 days):		____/____/____	____/____/____
<input type="checkbox"/> Buyer to complete loan application per section 2f of RPC (Inspection Period):		____/____/____	____/____/____
Buyer's Response to Claims History (i.e. C.L.U.E.) (5 days):		____/____/____	____/____/____
Flood Status Report provided to Buyer:		____/____/____	____/____/____
Buyer's Inspection Notice (Inspection Period):		____/____/____	____/____/____
Seller's Response to Buyer's Inspection Notice (5 days):	____/____/____		____/____/____
Buyer's Reply to Seller's Response of Inspection Notice (5 days):		____/____/____	____/____/____
Buyer to apply for Homeowners Insurance:		____/____/____	____/____/____
Termite or Insect Inspection (Inspection Period):		____/____/____	____/____/____
Buyer's disapproval of Title Commitment/Sch. B., etc (5 days):		____/____/____	____/____/____
Buyer's disapproval of HOA documents (5 days):		____/____/____	____/____/____
In the event of low appraisal, Buyer may cancel (5 days):		____/____/____	____/____/____
Buyer's Homeowners Insurance in place (COE):		____/____/____	____/____/____
Buyer's Walkthrough(s) no later than:		____/____/____	____/____/____

CRITICAL DATE LIST

Premises Address: _____

<input type="checkbox"/> Buyer to sign closing and loan documents no later than (3 days prior to COE):	___/___/___	___/___/___
<input type="checkbox"/> Buyer to have funds in Escrow to allow COE on COE Date:	___/___/___	___/___/___
<input type="checkbox"/> Failure to qualify notice delivered by Buyer (3 days prior to COE):	___/___/___	___/___/___
<input type="checkbox"/> Repairs (if any) completed / receipts to title co. (3 days prior to COE):	___/___/___	___/___/___
<input type="checkbox"/> Recordation of Documents (COE):	___/___/___	___/___/___
<input type="checkbox"/> Seller to deliver possession, keys, security system/alarms, mailbox, etc. (COE):	___/___/___	___/___/___

OTHER ACTIONS REQUIRED SPECIFIC TO TRANSACTION:

	SELLER DUE DATE:	BUYER DUE DATE:	DATE COMPLETED:
<input type="checkbox"/> ADWR Registration of Existing Well (5 days):	___/___/___		___/___/___
<input type="checkbox"/> Buyer's Response to ADWR Registration of Existing Well (5 days):		___/___/___	___/___/___
<input type="checkbox"/> Onsite Wastewater Treatment Facility Certification (prior to COE):	___/___/___		___/___/___
<input type="checkbox"/> Onsite Wastewater Treatment Facility Ownership Transfer Doc (3 days prior to COE):	___/___/___	___/___/___	___/___/___
<input type="checkbox"/> Lead Based Paint Disclosure (5 days):	___/___/___		___/___/___
<input type="checkbox"/> Buyer Response to Lead Based Paint Disclosure (5 days):		___/___/___	___/___/___
<input type="checkbox"/> Affidavit of Disclosure (5 days):	___/___/___		___/___/___
Buyer Response to Affidavit of Disclosure (5 days):		___/___/___	___/___/___
Home Warranty Plan Ordered:	___/___/___	___/___/___	___/___/___
Other:	___/___/___	___/___/___	___/___/___

CURE PERIOD ACTIVATED

Date: ___/___/___

Reason: _____

Cure Deadline: ___/___/___ Date Cured: ___/___/___ or Date Cancelled: ___/___/___

Date: ___/___/___

Reason: _____

Cure Deadline: ___/___/___ Date Cured: ___/___/___ or Date Cancelled: ___/___/___