

# 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:
<b>Mutual Acceptance of Purchase Contract:</b>			____/____/____
Inspection Period begins (10 days or _____):	____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Earnest Money deposited with Escrow Company:		<b>Upon Acceptance</b>	____/____/____
<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"/> <b>Recordation of Documents (COE):</b>	___/___/___	___/___/___
<input type="checkbox"/> Seller to deliver possession, keys, security system/alarms, mailbox, etc. (COE):	___/___/___	___/___/___

**OTHER ACTIONS REQUIRED SPECIFIC TO TRANSACTION:**

	<b>SELLER DUE DATE:</b>	<b>BUYER DUE DATE:</b>	<b>DATE COMPLETED:</b>
<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: \_\_\_/\_\_\_/\_\_\_