



CRITICAL DATE LIST



SELLER: _____

BUYER: _____

PROPERTY ADDRESS: _____

Escrow Company _____ Escrow Number: _____

Escrow Officer: _____ Fax: _____

Listing Agent Name: _____ Company: _____

Phone: _____ Fax: _____

Selling Agent Name: _____ Company: _____

Phone: _____ Fax: _____

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

Any time this document is modified in any way copies should be sent to the Principals and Agents.

ACTION	DATE DUE	DATE DONE
Mutual Acceptance of Purchase Contract:	N/A	____/____/____
Earnest monies deposited to escrow:	Immediately	____/____/____
S.P.D.S. completed and delivered to Buyer by:	____/____/____	____/____/____
B.I.N.S.R. (Buyers Inspection Notice & Sellers Response) due by:.....	____/____/____	____/____/____
Sellers response to B.I.N.S.R. due by:	____/____/____	____/____/____
Buyer to apply for Homeowners Insurance by:	____/____/____	____/____/____
Receipt of Title Commitment/Sch. B:	____/____/____	____/____/____
Deadline for Buyer disapproval of above:.....	____/____/____	____/____/____
HOA documents ordered:	____/____/____	____/____/____
HOA documents received and accepted by Buyer:	____/____/____	____/____/____
In the event of low appraisal Buyer must cancel by:	____/____/____	____/____/____
Repairs (if any) completed no later than:	____/____/____	____/____/____
Buyers walk through inspection no later than:	____/____/____	____/____/____
Failure to qualify notice delivered by Buyer no later than:	____/____/____	____/____/____
Buyer to sign closing and loan documents no later than:.....	____/____/____	____/____/____
Recordation of Documents (COE):	____/____/____	____/____/____
Keys Delivered:	____/____/____	____/____/____

OTHER ACTIONS REQUIRED SPECIFIC TO TRANSACTION

ACTION	DATE DUE	DATE DONE
"ADWR" Registration of Existing Well:	____/____/____	____/____/____
Septic/Alternative System Certification:	____/____/____	____/____/____
Lead Paint Disclosure:	____/____/____	____/____/____
Home Protection Plan Ordered:	____/____/____	____/____/____
Other:	____/____/____	____/____/____

CURE PERIOD ACTIVATED

Date: ____/____/____ Reason: _____

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

Date: ____/____/____ Reason: _____

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