



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

Cure Deadline: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Cured: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Date Cancelled: \_\_\_\_/\_\_\_\_/\_\_\_\_