

AGREEMENT FOR SALE BY OWNER

PHONE: (562) 862-8802

ESCROW # _____

FAX: (562) 862-4644

ORDER # _____

Date: _____

Deposit from Buyer: _____

Escrow Officer: _____

Balance of down payment: _____

Title Company: _____

New First Deed of Trust: _____

Sales Rep: _____

New Second Deed of Trust: _____

Length of Escrow: _____

Total Consideration: _____

Seller(s): _____

Mailing address: _____ Email: _____

Phone # _____ Cell # _____ Fax # _____

Buyer(s) & Vesting: _____

Mailing Address: _____ Email: _____

Phone # _____ Cell # _____ Fax # _____

****Property Address:** _____ ******

SFR: _____ Condo: _____ Units: _____ Vacant at COE? Y or N Prorate Rents Y or N

Seller to Credit Buyer \$: _____ Termite yes _____ or no _____ to be paid by: _____

Natural Hazard: _____ to be paid by: _____ Home Warranty: _____ Basic Coverage: _____

Additional Coverage? _____ All Units? _____ To be paid by: _____

Physical Insp # of Days _____ Arbitration Y or N Probate Y or N Subject to court approval Y or N

Walk Thru _____ Days prior to COE Possession _____ Days after COE Liquidated damages Y or N

LOAN CONTINGENCY _____ (Days ?) _____

Owners Title policy to be paid: _____ Lenders policy to be paid by: _____

Escrow to be paid by: _____ Transfer/City taxes to be paid by _____

Taxes to be Prorated Y or N *if Condo: HOA fees to be paid by: _____

Additional Instructions: _____

Lender _____ Phone # _____ Fax # _____

Address: _____

Officer _____ Processor _____

SELLER

BUYER

SELLER

BUYER

**** PARTIES ARE ENCOURAGED TO OBTAIN APPRAISAL AND PROPERTY INSPECTION****

ALL TERMS HEREIN ARE BINDING CONTRACT BETWEEN BUYER AND SELLER.