

Dr. Donna Grogan, Broker
WINForms® TRANSACTION COVER SHEET

BUYER/TENANT ONE INFORMATION

Buyer Name: _____ *Oscar Ray Klient*
Street Address: _____ *14717 Burin Ave. Unit #300*
City: _____ *Lawndale*
State: _____ *CA*
Zip Code: _____ *90260*
County: _____ *Los Angeles*
Home Phone Number: _____ *(310)397-1000*
Business Phone Number: _____ *(562)665-4545*
Fax Number: _____
Cellular Phone Number: _____ *(619)761-1212*
Email Address: _____ *ok@yahoo.com*

Check this box if you would like an "X" to
appear on all signature and initial lines for
Buyer One.

BUYER/TENANT TWO INFORMATION

Buyer Name: _____ *Gretchen Opal Dotson-Klient*
Street Address: _____ *14717 Burin Ave. Unit #300*
City: _____ *Lawndale*
State: _____ *CA*
Zip Code: _____ *90260*
County: _____ *Los Angeles*
Home Phone Number: _____ *(310)397-1000*
Business Phone Number: _____ *(213)540-6722*
Fax Number: _____
Cellular Phone Number: _____ *(310)761-4444*
Email Address: _____ *god@aol.com*

Check this box if you would like an "X" to
appear on all signature and initial lines for
Buyer Two.

SELLER/LANDLORD ONE INFORMATION

Seller Name: _____ *Mary Ann Davis TRUST*
Street Address: _____ *1126 E. Walnut Court*
City: _____ *Glendale*
State: _____ *CA*
Zip Code: _____ *91206*
County: _____ *Los Angeles*
Home Phone Number: _____ *(323)397-1000*
Business Phone Number: _____ *(323)291-08640*
Fax Number: _____
Cellular Phone Number: _____ *(323)850-1212*
Email Address: _____ *MAD@hotmail.com*

Check this box if you would like an "X" to
appear on all signature and initial lines for
Seller One.

SELLER/LANDLORD TWO INFORMATION

Seller Name: _____ *(Mary Ann Davis-Smythe Trustee)*
Street Address: _____
City: _____
State: _____
Zip Code: _____
County: _____
Home Phone Number: _____
Business Phone Number: _____
Fax Number: _____
Cellular Phone Number: _____
Email Address: _____

Check this box if you would like an "X" to
appear on all signature and initial lines for
Seller Two.

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PROPERTY INFORMATION

MLS Number: 071394
Street Address: 7421 Elm Vista Drive
City: Lomita
Township:
County: Los Angeles
State: CA
Zip Code: 90717
Legal Description: Part of Section 29. T4S, R13W, San Bernardino Meridian
Tax ID#:
Assessor's Parcel Number 3141-004-004
Listing Date: June 15 Expiration Date: Sept 30
Listed Price: \$650,000.00
Balance of 1st Mortgage: \$
Balance of 2nd Mortgage: \$
Other Liens: \$
Description of Other Liens:
Total Encumbrances: \$
Homeowner Assoc. Dues: \$
Property Includes:
Property Excludes:
Supplemental Info:

Purchase Price: \$
Purchase Agreement Date: Closing Date: 60 Days
Deposit Amount: \$1% of Pur.Price
Deposit Amount 1st Increase: \$3% w/sgn escrow
Deposit Amount 2nd Increase: \$
Deposit Amount 3rd Increase: \$
Offer Date: July 5
Expire Date: July 8 Expire Time: 5
Offer Acceptance Date: July 7
Total Amount Financed: \$
Property Type: [X] Residential [] Multi Family [] Vacant Land [] Commercial [] Other
Year Built:
Lot Number: 4
Unit Number:
Block:
Subdivision:
Plat Book:
Page Number:

ESCROW INFORMATION

Escrow Company: Pacific Ocean Escrow
Escrow Number:
Street Address: 22234 Western Ave.
City: Torrance
State: CA
Zip Code: 90604
Escrow Officer: Escrow Officer Lic. No.:
Telephone Number: (800) 1ES-CROW Fax Number:
Closing Date:
Deposit One:
Deposit Two:
Email Address:

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SELLING BROKER INFORMATION

Selling Broker Firm Name: _____ *Broker Realty Inc.* Selling Office
Street Address: _____ *16007 Crenshaw Blvd.* DRE License #: *1234567*
City: _____ *Torrance*
State: _____ *CA*
Zip Code: _____ *90506*
Telephone Number: _____ *(310)660-3786* Selling Agent
Sales Agent Name: _____ *YOUR NAME HERE (RE11 / RE13)* DRE License #: *987654*
Agent's Phone Number: _____ *Your Phone #*
Fax Number: _____ *(310)660-3774*
Cellular Phone Number: _____ *Your Phone #*
Email Address: _____ *Your Email:*

LISTING BROKER INFORMATION

Listing Broker Firm Name: _____ *The Hill Realty Inc.* Listing Office
Street Address: _____ *12 Hill Top Drive* DRE License #: *0198765*
City: _____ *Rancho Rolling Estat*
State: _____ *CA*
Zip Code: _____ *99999*
Telephone Number: _____ *(310)TOP-HILL* Listing Agent
Sales Agent Name: _____ *Sarah Marie Martinez* DRE License #: *0543210*
Agent's Phone Number: _____ *(310)NOT-HERE*
Fax Number: _____ Pager: _____
Cellular Phone Number: _____
Email Address: _____ *Ms.Realty@HillRealty.com*

LENDER INFORMATION

Lender Company Name: _____ *Lender's Forest Online Loans*
Street Address: _____ *87654 Concord Blvd.*
City: _____ *Concord*
State: _____ *CA*
Zip Code: _____ *94520*
Telephone Number: _____ *800 LOANS4U*
Lender's Officer Name: _____ *Lary Linder/Your Name RE14A/31*
Fax Number: _____
Cellular Phone Number: _____ Pager: _____
Email Address: _____ *LesterLogan@ForestOnline.com*
Mortgage Type: Conv. FHA FMHA VA Other

APPRAISAL INFORMATION

Appraisal Company Name: _____ *South Bay Appraisers, Inc.*
Street Address: _____ *9641 S. Crenshaw Blvd. Suite 207*
City: _____ *Torrance*
State: _____ *CA*
Zip Code: _____ *90504*
Telephone Number: _____ *(310)WEV-ALUE*
Appraisal Officer Name: _____ *Abraham Able-Your Name(RE40)*
Fax Number: _____ *(310)532-3111*
Cellular Phone Number: _____ *(310)532-3110* Pager: _____
Email Address: _____ *aable@sobayappl.com*

TITLE INFORMATION

Title Company Name: _____ *First Title Company*
Street Address: _____ *3844 Overview Drive*
City: _____ *Long Beach*
State: _____ *CA*
Zip Code: _____ *90808*
Telephone Number: _____ *(800)4TI-TLECO*
Title Officer Name: _____ *Ted Tuttle*
Fax Number: _____ *(562)694-5556*
Cellular Phone Number: _____
Email Address: _____ *ttuttle@firstcitytitle.com*

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PEST CONTROL INFORMATION

Pest Control Company Name: Diablo Termite
Street Address: 8974 Narbonne Ave.
City: Lomita
State: CA
Zip Code: 90717
Telephone Number: (310)BUG-PEST
Fax Number: (310)FAX-PEST
Individual Representing Pete
Cellular Phone Number: _____
Email Address: Pete@BugPest.com

DISCLOSURE INFORMATION

Disclosure Company Name: Diaper Disclosure
Street Address: 941 Industry Drive
City: Irvine
State: CA
Zip Code: 92714
Telephone Number: (619)555-1212
Fax Number: (619)555-1215
Individual Representing David
Cellular Phone Number: _____
Email Address: david@ddisclosure.com

HOME WARRANTY PROTECTION INSURANCE INFORMATION

Home Warranty Protection
Insurance Company Name: Home Protection Inc.
Street Address: 123 Elm St.
City: Cerritos
State: CA
Zip Code: 90701
Telephone Number: (562)PRO-TECT
Fax Number: (562)861-4321
Individual Representing Harry Warren
Cellular Phone Number: _____
Email Address: HWarren@HomeProtection.com