

Dr. Donna Grogan, Broker
WINForms® TRANSACTION COVER SHEET

BUYER/TENANT ONE INFORMATION

Buyer Name: _____
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
Buyer One.

BUYER/TENANT TWO INFORMATION

Buyer Name: _____
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
Buyer Two.

SELLER/LANDLORD ONE INFORMATION

Seller Name: _____ *Oscar Klient*
Street Address: _____ *14717 Burin Ave. #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
Seller One.

SELLER/LANDLORD TWO INFORMATION

Seller Name: _____ *Gretchen Opal Dotson-Klient*
Street Address: _____ *14717 Burin Ave. #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
Seller Two.

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PROPERTY INFORMATION

MLS Number: 14707SB
Street Address:
City:
Township:
County:
State:
Zip Code:
Legal Description: Lot#25 Block 710 Tract no.30051 Unit 101
Tax ID#:
Assessor's Parcel Number 4078-005-101
Listing Date: May 17 Expiration Date: Sept 1
Listed Price: \$
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:
Deposit Amount: \$
Deposit Amount 1st Increase: \$
Deposit Amount 2nd Increase: \$
Deposit Amount 3rd Increase: \$
Offer Date:
Expire Date: Expire Time: A.M. P.M.
Offer Acceptance Date:
Total Amount Financed: \$
Property Type: [X] Residential [] Multi Family [] Vacant Land [] Commercial [] Other
Year Built:
Lot Number:
Unit Number:
Block:
Subdivision:
Plat Book:
Page Number:

ESCROW INFORMATION

Escrow Company:
Escrow Number:
Street Address:
City:
State:
Zip Code:
Escrow Officer: Escrow Officer Lic. No.:
Telephone Number: Fax Number:
Closing Date:
Deposit One:
Deposit Two:
Email Address:

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SELLING BROKER INFORMATION

Selling Broker Firm Name: _____ Selling Office
Street Address: _____ DRE License #:
City: _____
State: _____
Zip Code: _____
Telephone Number: _____ Selling Agent
Sales Agent Name: _____ DRE License #:
Agent's Phone Number: _____
Fax Number: _____
Cellular Phone Number: _____
Email Address: _____

LISTING BROKER INFORMATION

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

LENDER INFORMATION

Lender Company Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone Number: _____
Lender's Officer Name: _____
Fax Number: _____
Cellular Phone Number: _____ Pager: _____
Email Address: _____
Mortgage Type: Conv. FHA FMHA VA Other

APPRAISAL INFORMATION

Appraisal Company Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone Number: _____
Appraisal Officer Name: _____
Fax Number: _____
Cellular Phone Number: _____ Pager: _____
Email Address: _____

TITLE INFORMATION

Title Company Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone Number: _____
Title Officer Name: _____
Fax Number: _____
Cellular Phone Number: _____
Email Address: _____

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PEST CONTROL INFORMATION

Pest Control Company Name: ...
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address:

DISCLOSURE INFORMATION

Disclosure Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address:

HOME WARRANTY PROTECTION INSURANCE INFORMATION

Home Warranty Protection
Insurance Company Name:
Street Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Individual Representing
Cellular Phone Number:
Email Address: