

AGREEMENT FOR SALE BY OWNER

**Property Address: _____ Date: _____

Escrow Company to be used: _____ ESCROW# _____

PHONE: (562) 806-0111 FAX: (562) 806-0162

Escrow Officer: _____

Length of Escrow: _____

Title Company: _____ Rep: _____ Order no. _____

Initial Deposit from Buyer _____ within ____ days from acceptance

New First Deed of Trust: \$ _____

New Second Deed of Trust: _____

Total Consideration: \$ _____

Buyer(s) & Vesting: _____

Mailing address: _____ Email: _____

Phone # _____ Cell # _____ Fax # _____

Seller(s): _____

If Trust/Corp/LLC Authorized Signer(s): _____ title _____

Mailing Address: _____ Email: _____

Phone # _____ Cell # _____ Fax # _____

Mailing Address: _____ Email: _____

Phone # _____ Cell # _____ Fax # _____

SFR: _____ Condo: _____ Units: _____ ? Y or N _____ Y or N

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

Natural Hazard: NONE Home Warranty: NONE

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

Owners Title policy to be paid by Buyer _____ or Seller _____ Lenders policy to be paid by buyer _____

or Seller _____. Taxes to be Prorated Y or N Transfer/City taxes to be paid by _____

Additional Instructions: - _____

Lender _____ Phone # _____ Fax # _____

Address: _____

Officer _____ Processor _____

SELLER ACCEPTANCE _____ DATE BUYER _____ DATE

SELLER ACCEPTANCE _____ DATE BUYER _____ DATE

ALL TERMS HEREIN ARE BINDING CONTRACT BETWEEN BUYER AND SELLER.