Critical Date Checklist ✓

Seller: _____ Seller File: ☐

Buyer: _____ Buyer File: ☐

Property Address: _____

Escrow Company: _____ Escrow Phone: _____

Escrow Officer: _____ Email: _____

Co-Op Agent Name: _____ Company: _____

Phone: _____ Email: _____

Co-Op Agent Assistant: _____ Phone: _____

Email: _____ Closing Date: ___/___/___

ACTIONS	DEADLINE	DATE DONE	✓
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NOTES: _____