REQUEST FOR ESTIMATED NET SHEET

SELLER(S) NAME(S):	
ADDDECC:	
APN:	
SALES PRICE: \$	
TOTAL C	COMMISSION:%
% LISTING OFFICE:	% SELLING OFFICE:
TC/Admin Fee: \$ Paid from Commission <u>OR</u> paid from (circle one)	TC/Admin Fee: \$ m Client Paid from Commission OR paid from Client (circle one)
ESTIMA	ATED PAYOFF BALANCE(S)
Payoff Balance:\$	2 ND PAYOFF Company Name: Payoff Balance:\$ SELLER EXPENSES/COSTS
CONDO/PUD: Dues Amount \$ Transfer Fee: \$ Docur	Monthly/Quarterly/Annually (circle one) ments: \$ Dues Current? Y / N (circle one)
TERMITE: Y / N (circle one) Approxima	ate Amount: \$
ZONE DISCLOSURE REPORT:	Y / N (circle one) Approximate Amount: \$
HOME WARRANTY: Y / N (circle one	e) Approximate Amount: \$
REPORT(S): City: Y / N (circle one) 9/Other: Seller Pay: Y	A/Water Cert: Y / N (circle one) / N (circle one) Approximate Amount: \$
TAXES: Current? Y / N (circle one) Ani	nual Amount: \$
	BUYER(S) COSTS
CREDIT BUYER \$	PAY NOT TO EXCEED \$ for
TITLE COMPANY:	

SUSIE KOIKE