

**Joel B. Jay
Jay Law Office, LLC
290 Vincent Ave.
P.O. Box 508
Chappell, NE 69129
Bus.: (308) 874-9934
FAX: (308) 874-9973
E-MAIL: office@jaylaw.net**

REAL ESTATE TRANSACTION DATA SHEET

Date: _____

FILE NUMBER: _____

1. SELLER #1 INFORMATION

Name (Last/First, Ini.): _____

Spouse's Name: _____

SS# / ID # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

2. SELLER #2 INFORMATION

Name (Last/First, Ini.): _____

Spouse's Name: _____

SS# / ID # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

3. BUYER #1 INFORMATION

Name (Last/First, Ini.): _____

Spouse's Name: _____

SS# / ID # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

4. BUYER #2 INFORMATION

Name (Last/First, Ini.): _____

Spouse's Name: _____

SS# / ID # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

5. LEGAL DESCRIPTION OF PROPERTY: _____

6. COMMON ADDRESS OF PROPERTY: _____

7. FIXTURES/PERSONAL PROPERTY: _____

8. TERMS OF SALE:

PURCHASE PRICE: _____

EARNEST MONEY: _____

ALLOCATION OF PURCHASE PRICE: _____

| | |
|-------------------|----|
| REAL ESTATE | \$ |
| PERSONAL PROPERTY | \$ |
| GROWING CROP | \$ |

CLOSING DATE: _____

DATE OF POSSESSION: _____

9. FINANACING BY SELLER:

LOAN AMOUNT: _____

DATE LOAN ISSUED: _____

DATE OF BALLOON PAYMENT: _____

DATE OF INITIAL PAYMENT: _____

INTEREST RATE: _____

PAYMENT SCHEDULE [MONTHLY/ANNUAL/ETC.]: _____

PERIOD OF AMORTIZATION: _____

10. TRANSACTION DOCUMENTS TO BE DRAFTED:

- WARRANTY DEED
- JOINT TENANCY WARRANTY DEED
- QUIT CLAIM DEED
- TRUST DEED
- BILL OF SALE
- TRANSFER STATEMENT
- PROMISSORY NOTE/AMORTIZATION SCHEDULE
- SETTLEMENT STATEMENT/HUD 1
- MORTGAGE RELEASE/DEED OF RECONVEYANCE
- IRS §1031 DOCUMENTS

11. REAL ESTATE TAXES/SPECIAL ASSESSMENTS: _____

12. PERSONAL PROPERTY TAXES: _____

13. EXISTING TENANCIES: _____

14. PRO-RATED RENTAL: _____

15. EASEMENTS/ RIGHT OF WAY/ OTHER EXCEPTIONS: _____

16. ACCESS TO PROPERTY: _____

17. GROWING CROPS/ GOVERNMENT PAYMENTS/ FSA CROP BASE: _____

18. WATER AND MINERAL RIGHTS: _____

19. CONDITION PRECEDENT: _____

20. I.R.S. §1031 EXCHANGE: _____

21. ENVIRONMENTAL MATTERS: _____

22. TITLE INSURANCE AGENT: _____

23. CLOSING COSTS:

| | SELLER | BUYER |
|--|---------------|--------------|
| Title insurance policy | _____ % | _____ % |
| Mortgagee title insurance policy providing it is not in excess of purchase price | _____ % | _____ % |
| Mortgagee title insurance policy if it is in excess of purchase price | _____ % | _____ % |
| Title insurance endorsements requested by Purchaser | _____ % | _____ % |
| Survey | _____ % | _____ % |
| Attorney Fees | _____ % | _____ % |
| Document Stamps | _____ % | _____ % |
| Expenses to satisfy all of Sellers Title Insurance Requirements | _____ % | _____ % |
| Expenses to satisfy all of Purchasers Title Insurance Requirements | _____ % | _____ % |
| Recording expenses for Deed to Purchaser and any Trust Deeds or Mortgages | _____ % | _____ % |
| Other | _____ % | _____ % |

24. SELLER'S ATTORNEY:

Name (Last/First, Ini.): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

25. BUYER'S ATTORNEY:

Name (Last/First, Ini.): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

26. MORTGAGEE:

Name (Last/First, Ini.): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____

27. REAL ESTATE AGENT:

Name (Last/First, Ini.): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cellular: (_____) _____

E-mail: _____
