



Kelly & Tony Robinson

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Date: _____ Website: <http://OTClosings.com> Email: kelly@OTClosings.com File#: _____

SELLER FULL NAMES: _____

MARITAL STATUS (ANY CHANGES?): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK: _____ FAX: _____

EMAIL ADDRESS: _____

BUYER FULL NAMES: _____

MARITAL STATUS (OR NAME OF TRUST): _____

(ATTACH COPIES OF TRUST DOCUMENT IF APPLICABLE)

DEED VESTING (CIRCLE): JOINT TENANTS WROS / COMMUNITY PROPERTY / TENANTS IN COMMON / TRUST / TO FOLLOW

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK: _____ FAX: _____

EMAIL ADDRESS: _____

RESORT NAME: _____

TERMS: SALES PRICE: \$ _____ AMOUNT OF DEPOSIT: \$ _____

UNIT: _____ WEEK: _____ INTERVAL OR APN# : _____

BEDROOMS: _____ # BATHROOMS: _____ SLEEPS HOW MANY: _____ LOCKOUT? _____

POINTS: _____ SEASON: _____ HOA ACCOUNT #: _____

ANNIVERSARY DATE (IF APPLICABLE): _____ CIRCLE ONE: ANNUAL / EVEN / ODD

MAINTENANCE FEE AMOUNT: \$ _____ TAXES: _____ PRORATE? _____ YES _____ NO

CURRENT YEAR MAINT FEES PAID (OR TO BE PAID) BY: _____

BUYER FIRST YEAR OF USE: _____ BUYER TO REIMBURSE MAINT. FEES _____ YES _____ NO

CLOSING COSTS PAID BY: _____ RESORT TRANSFER FEE PAID BY : _____

SPECIAL INSTRUCTIONS: _____

COMPLETE BELOW IF REAL ESTATE AGENTS OR ATTORNEYS ARE INVOLVED IN THE TRANSACTION

LISTING BROKER/AGENT: _____ COMMISSION: \$ _____

PHONE NUMBER: _____ FAX: _____ COORDINATOR NAME: _____

SELLING (BUYER'S) BROKER/AGENT: _____ COMMISSION: \$ _____

PHONE NUMBER: _____ FAX: _____ COORDINATOR NAME: _____