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Date: _____ New File#: Q_____

GRANTOR/SELLER FULL NAMES: _____

MARITAL STATUS (ANY CHANGES- Divorce/death?): _____ PROPERTY HELD IN A TRUST? ___ YES ___ NO

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

GRANTEE/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: _____ CELL: _____

EMAIL ADDRESS: _____

RESORT NAME/STATE/COUNTRY: _____

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

IF FIXED USE: UNIT: _____ WEEK: _____ INTERVAL OR APN# : _____

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

#/POINTS: _____ SEASON: _____ RESORT CONTRACT/ACCOUNT #: _____

IF FLOATING USE, 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 (Seller or Buyer) _____

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

CLOSING COSTS PAID BY (Seller or Buyer) _____ RESORT TRANSFER FEE PAID BY : _____

SPECIAL INSTRUCTIONS: _____

COMPLETE BELOW IF YOU HAVE A REAL ESTATE AGENT OR ATTORNEY TO BE INVOLVED IN THE TRANSACTION

SELLER'S ATTORNEY OR LISTING BROKER/AGENT: _____ COMMISSION: \$ _____

PHONE NUMBER: _____ EMAIL: _____ COORDINATOR NAME: _____

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

PHONE NUMBER: _____ EMAIL: _____ COORDINATOR NAME: _____