

(1) CLASS  
RE



**Multiple Listing Service For  
Lake County Association Of REALTORS®**  
PO Box 280  
Lakeport, CA 95453  
Telephone (707) 263-9300 • Fax (707) 263-9310

**Sold Data Form**

\*MLS #: \_\_\_\_\_ (REQUIRED)

*To enter this property into the computer from your office, select INPUT. \*\*ALL FIELDS MARKED WITH AN ASTERISK (\*) MUST BE FILLED IN.\*\**

STATUS (REQUIRED)	HOW SOLD (REQ'D)	SHORT SALE (REQ'D)
<input type="checkbox"/> Sold Co-op In House	<input type="checkbox"/> Conventional	<input type="checkbox"/> Yes
<input type="checkbox"/> Sold Co-op MLS	<input type="checkbox"/> FHA	<input type="checkbox"/> No
<input type="checkbox"/> Sold Non Member	<input type="checkbox"/> VA	<b>REO (REQ'D)</b>
<input type="checkbox"/> Sold Co-op After Expired	<input type="checkbox"/> Assumption	<input type="checkbox"/> Yes
<input type="checkbox"/> Sold Co-op Before Process	<input type="checkbox"/> Cash	<input type="checkbox"/> No
	<input type="checkbox"/> Contract For Deed	
	<input type="checkbox"/> Exchange	
	<input type="checkbox"/> Owner Financed	
	<input type="checkbox"/> Government	
	<input type="checkbox"/> At Auction	
	<input type="checkbox"/> Other	

Contract Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)    Closing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)

Sold Price \$: \_\_\_\_\_ (REQUIRED)

Selling Agent/Office: \_\_\_\_\_ (REQUIRED)  
 Phone: \_\_\_\_\_

Co-Agent/Office: \_\_\_\_\_  
 Phone: \_\_\_\_\_

3<sup>rd</sup> Agent/Office: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Credit Back (Yes/No): \_\_\_\_\_ (REQUIRED)    Credit Back Amount: \_\_\_\_\_

Revision Date: 04/16/09

**PLEASE VERIFY THAT EVERY REQUIRED FIELD IS COMPLETED.** Complete the form in its entirety. Any fields left blank will cause a delay in processing.

**QUESTIONS** may be directed to Julie Alves at [juliealves@lcaor.com](mailto:juliealves@lcaor.com) or (707) 263-9300.