

EXCLUSIVE BROKERS WORKSHEET  
one bedroom

Date of Offer: MAY 31 / 08 Salesperson: TOM KOTARAK  
Suite Number: ~~561~~ 561 Tower: 1 Floorplan: 1 Level No.: 5 Legal: 5

**PURCHASE PRICE & DEPOSITS:**

Purchase Price: \$ 229,900  
1<sup>st</sup> Deposit: \$2,000.00 with Agreement 2,000  
2<sup>nd</sup> Deposit: \$5000.00 on firm \$ 5,000 2,500 Date: \_\_\_\_\_  
3<sup>rd</sup> Deposit: \$5000.00 in 120 days \$ 5,000 6,495 Date: \_\_\_\_\_  
4<sup>th</sup> Deposit: balance to 10% in 365 days \$ \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL INSTRUCTIONS – AMENDMENTS, ADDENDUMS, CONDITIONS:**

**PURCHASER #1**

First, Middle & Last Name MIRA TOMLJENOVIC  
Date of Birth: (M/D/Y) 09/15/65 S.I.N. 779 508 831  
Drivers License # TE353-55766-55915  
Address 877 PINE VALLEY CIRCLE Suite # \_\_\_\_\_  
City MILWAUKEE Postal Code 456 121  
Residence Phone 905-670-1862 Business Phone 905-286-5888  
Fax Number \_\_\_\_\_  
Email Address mtomljenovic@soften.com

**PURCHASER #2**

First, Middle & Last Name \_\_\_\_\_  
Date of Birth: (M/D/Y) \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Drivers License # \_\_\_\_\_  
Address \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PURCHASER'S SOLISITOR**

Solicitor's Name JOEL KADISH Firm \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_  
**PLEASE MAKE CHEQUES PAYABLE TO HARRIS, SHEAFFER, LLP in Trust**

**PURCHASER PROFILE: to be completed by agent/sign-up person**

Did you register through the Web? \_\_\_\_\_ End User or Investor? \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Profession: \_\_\_\_\_  
How many dependents are living with you? \_\_\_\_\_ Dependents Ages: \_\_\_\_\_ Marital Status: \_\_\_\_\_